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**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** 2567 - DC ACA Individual BlueChoice  
**Project Name/Number:** 2567 - DC BC IND64- ACA ON-EXCHANGE/2567

## Filing at a Glance

Company: CareFirst BlueChoice, Inc.  
Product Name: 2567 - DC ACA Individual BlueChoice  
State: District of Columbia  
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)  
Sub-TOI: HOrg02I.005D Individual - HMO  
Filing Type: Rate  
Date Submitted: 05/17/2021  
SERFF Tr Num: CFAP-132808793  
SERFF Status: Submitted to State  
State Tr Num:  
State Status:  
Co Tr Num: 2567  
  
Effective 01/01/2022  
Date Requested:  
Author(s): Dwayne Lucado, Anna Guloy, Shane Kontir, Cory Bream, Nicholas Pham, Gregory Sucher, Avraham Golish, Michael Quinlan, Carmen Posteraro  
  
Reviewer(s):  
Disposition Date:  
Disposition Status:  
Effective Date:  
  
State Filing Description:

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**State:** District of Columbia  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** 2567 - DC ACA Individual BlueChoice  
**Project Name/Number:** 2567 - DC BC IND64- ACA ON-EXCHANGE/2567

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## General Information

Project Name: 2567 - DC BC IND64- ACA ON-EXCHANGE

Project Number: 2567

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 11.3%

Deemer Date:

Submitted By: Shane Kontir

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 05/17/2021

State Status Changed:

Created By: Shane Kontir

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by CareFirst BlueChoice, Inc. to Individuals Under 65 on the D.C. Exchange. We are submitting 7 benefit plans on the D.C. Exchange.

## Company and Contact

### Filing Contact Information

Cory Bream, Actuarial Assistant  
10455 Mill Run Circle  
Owings Mills, MD 21117

cory.bream@carefirst.com  
410-998-5308 [Phone]  
410-998-7704 [FAX]

### Filing Company Information

CareFirst BlueChoice, Inc.  
840 First Street NE  
Washington, DC 20065  
(410) 581-3000 ext. [Phone]

CoCode: 96202  
Group Code:  
Group Name:  
FEIN Number: 52-1358219

State of Domicile: District of  
Columbia  
Company Type: Health  
Maintenance Organization  
State ID Number:

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**State:** District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
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## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.
<b>TOI/Sub-TOI:</b>	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
<b>Product Name:</b>	2567 - DC ACA Individual BlueChoice		
<b>Project Name/Number:</b>	2567 - DC BC IND64- ACA ON-EXCHANGE/2567		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	0.100%
<b>Effective Date of Last Rate Revision:</b>	01/01/2021
<b>Filing Method of Last Filing:</b>	SERFF
<b>SERFF Tracking Number of Last Filing:</b>	CFAP-132315932

## Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
CareFirst BlueChoice, Inc.	Increase	11.300%	11.300%	\$2,722,055	4,401	\$24,174,467	13.700%	1.700%

**State:** District of Columbia  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
**Product Name:** 2567 - DC ACA Individual BlueChoice  
**Project Name/Number:** 2567 - DC BC IND64- ACA ON-EXCHANGE/2567

## Rate Review Detail

### COMPANY:

Company Name: CareFirst BlueChoice, Inc.  
 HHS Issuer Id: 86052

### PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BlueChoice HMO	86052DC040		5175

Trend Factors:

### FORMS:

New Policy Forms: DC/CFBC/DOL APPEAL (R. 1/17), DC/CFBC/EXC/2021 AMEND (1/21),  
 DC/CFBC/EXC/HMO/DOCS (R. 1/20), DC/CFBC/EXC/HMO/IEA (R. 1/20),  
 DC/CFBC/EXC/NATAMER (1/14), DC/CFBC/MEM/BLCRD (R. 6/18), DC/CFBC/PT  
 PROTECT (9/10)

Affected Forms:

Other Affected Forms: DC/CFBC/CD/AUTH AMEND/HMO (R. 1/22), DC/CFBC/CD/HMO/INCENT (1/22),  
 DC/CFBC/EXC/2022 AMEND (1/22), DC/CFBC/EXC/HMO HSA STD/BRZ 6350 (1/22),  
 DC/CFBC/EXC/HMO HSA/GOLD 1500 (1/22), DC/CFBC/EXC/HMO STD/BRZ 7500  
 (1/22), DC/CFBC/EXC/HMO STD/GOLD 500 (1/22), DC/CFBC/EXC/HMO  
 STD/NATAMER 0 (1/22), DC/CFBC/EXC/HMO STD/PLAT 0 (1/22),  
 DC/CFBC/EXC/HMO STD/SIL 4000 (1/22), DC/CFBC/EXC/HMO STD/SIL 4000 A  
 (1/22), DC/CFBC/EXC/HMO STD/SIL 4000 B (1/22), DC/CFBC/EXC/HMO STD/SIL  
 4000 C (1/22), DC/CFBC/EXC/HMO/ YA 8700 SOB (1/22),  
 DC/CFBC/EXC/HMO/NATAMER SOB (1/22)

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
 Member Months: 62,447  
 Benefit Change: Increase  
 Percent Change Requested: Min: 1.7 Max: 13.7 Avg: 11.3

### PRIOR RATE:

Total Earned Premium: 24,174,467.00  
 Total Incurred Claims: 21,814,820.00  
 Annual \$: Min: 175.91 Max: 660.50 Avg: 375.49

### REQUESTED RATE:

Projected Earned Premium: 27,744,714.00  
 Projected Incurred Claims: 25,091,743.00  
 Annual \$: Min: 178.97 Max: 719.83 Avg: 417.77

<b>SERFF Tracking #:</b>	CFAP-132808793	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	2567
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.		
<b>TOI/Sub-TOI:</b>	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO				
<b>Product Name:</b>	2567 - DC ACA Individual BlueChoice				
<b>Project Name/Number:</b>	2567 - DC BC IND64- ACA ON-EXCHANGE/2567				

## Rate/Rule Schedule

**State:** District of Columbia  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
**Product Name:** 2567 - DC ACA Individual BlueChoice  
**Project Name/Number:** 2567 - DC BC IND64- ACA ON-EXCHANGE/2567

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2567 - DC BlueChoice - Ind - Rate Sheets	DC/CFBC/DOL APPEAL (R. 1/17), DC/CFBC/EXC/2021 AMEND (1/21), DC/CFBC/EXC/HMO/DOCS (R. 1/20), DC/CFBC/EXC/HMO/IEA (R. 1/20), DC/CFBC/EXC/NATAMER (1/14), DC/CFBC/MEM/BLCRD (R. 6/18), DC/CFBC/PT PROTECT (9/10), DC/CFBC/CD/AUTH AMEND/HMO (R. 1/22), DC/CFBC/CD/HMO/INCENT (1/22), DC/CFBC/EXC/2022 AMEND (1/22), DC/CFBC/EXC/HMO HSA STD/BRZ 6350 (1/22), DC/CFBC/EXC/HMO HSA/GOLD 1500 (1/22), DC/CFBC/EXC/HMO STD/BRZ 7500 (1/22), DC/CFBC/EXC/HMO STD/GOLD 500 (1/22), DC/CFBC/EXC/HMO STD/NATAMER 0 (1/22), DC/CFBC/EXC/HMO STD/PLAT 0 (1/22), DC/CFBC/EXC/HMO STD/SIL 4000 (1/22), DC/CFBC/EXC/HMO STD/SIL 4000 A (1/22), DC/CFBC/EXC/HMO STD/SIL 4000 B (1/22), DC/CFBC/EXC/HMO STD/SIL 4000 C (1/22), DC/CFBC/EXC/HMO/ YA 8700 SOB (1/22), DC/CFBC/EXC/HMO/NATAME R SOB (1/22)	Revised	Previous State Filing Number: CFAP-132315932 Percent Rate Change Request: 11.3	2567 - DC BlueChoice - Ind - Rate Sheets.pdf,

**BlueChoice Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**Rate Filing # 2567**

**D.C. Individual Products**  
**Rate Filing Effective 1/1/2022**

**Rates & Factors**

**BlueChoice Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 96202)**

**Rates & Factors  
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[Rate Filing Effective 1/1/2022](#)

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BlueChoice HMO HSA Gold \$1,500	10
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**BlueChoice Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**D.C. Individual Products**  
**Rate Filing Effective 1/1/2022**  
**Form Numbers**

**Form Numbers Associated With This ACA Filing:**

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**BlueChoice HMO Standard Plans**

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DC/CFBC/EXC/HMO/IEA (R. 1/20)  
DC/CFBC/DOL APPEAL (R. 1/17)  
DC/CFBC/EXC/HMO/DOCS (R. 1/20)  
DC/CFBC/EXC/2021 AMEND (1/21)  
DC/CFBC/EXC/2022 AMEND (1/22)  
DC/CFBC/EXC/HMO HSA STD/BRZ 6350 (1/22)  
DC/CFBC/EXC/HMO HSA/GOLD 1500 (1/22)  
DC/CFBC/EXC/HMO STD/BRZ 7500 (1/22)  
DC/CFBC/EXC/HMO STD/GOLD 500 (1/22)  
DC/CFBC/EXC/HMO STD/PLAT 0 (1/22)  
DC/CFBC/EXC/HMO STD/SIL 4000 (1/22)  
DC/CFBC/EXC/HMO STD/SIL 4000 A (1/22)  
DC/CFBC/EXC/HMO STD/SIL 4000 B (1/22)  
DC/CFBC/EXC/HMO STD/SIL 4000 C (1/22)  
DC/CFBC/EXC/HMO STD/NATAMER 0 (1/22)  
DC/CFBC/EXC/NATAMER (1/14)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/22)  
DC/CFBC/PT PROTECT (9/10)  
DC/CFBC/CD/HMO/INCENT (1/22)

**BlueChoice HMO Young Adult**

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DC/CFBC/EXC/HMO/IEA (R. 1/20)  
DC/CFBC/DOL APPEAL (R. 1/17)  
DC/CFBC/EXC/HMO/DOCS (R. 1/20)  
DC/CFBC/EXC/2021 AMEND (1/21)  
DC/CFBC/EXC/2022 AMEND (1/22)  
DC/CFBC/EXC/HMO/NATAMER SOB (1/22)  
DC/CFBC/EXC/HMO/ YA 8700 SOB (1/22)  
DC/CFBC/EXC/NATAMER (1/14)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/22)  
DC/CFBC/PT PROTECT (9/10)  
DC/CFBC/CD/HMO/INCENT (1/22)

**BlueChoice Inc.**  
**D.C. Individual Products, Rate Filing Effective 1/1/2022**

**Age Factors**

<b>Age</b>	<b>Factor</b>
0-20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

**BlueChoice Inc.**

Individual On Exchange

**DISTRICT OF COLUMBIA****BlueChoice HMO Young Adult \$8,700**

Proposed Monthly Premium Rate Filing Effective 1/1/2022

Consumer Adjusted Rate **\$178.97**

Age	Monthly Premium
0-20	\$117.05
21	\$130.11
22	\$130.11
23	\$130.11
24	\$130.11
25	\$130.11
26	\$130.11
27	\$130.11
28	\$133.15
29	\$136.02
30	\$139.42
31	\$143.00
32	\$146.22
33	\$149.62
34	\$153.20
35	\$156.78
36	\$160.36
37	\$163.94
38	\$165.91
39	\$167.87
40	\$174.50
41	\$181.30
42	\$188.46
43	\$195.79
44	\$203.49
45	\$211.36
46	\$219.60
47	\$228.19
48	\$237.14
49	\$246.44
50	\$256.11
51	\$266.13
52	\$276.51
53	\$287.25
54	\$298.52
55	\$310.16
56	\$322.32
57	\$334.85
58	\$347.92
59	\$361.52
60	\$375.66
61	\$390.33
62	\$390.33
63	\$390.33
64+	\$390.33

## Summary of Member Cost-Shares

	<u>In Network</u>
DEDUCTIBLE	\$8,700
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$8,700
Office Copays	\$0 PCP /\$0 Specialist
Drug:	\$0 Generic, \$0 Preferred Brand
	\$0 Non-Preferred Brand
Drug and Medical Combined for Deductible & OOP Max	

**BlueChoice Inc.**

Individual On Exchange

**DISTRICT OF COLUMBIA****BlueChoice HMO Standard Bronze \$7,500**

Proposed Monthly Premium Rate Filing Effective 1/1/2022

Consumer Adjusted Rate **\$399.74**

Age	Monthly Premium
0-20	\$261.43
21	\$290.61
22	\$290.61
23	\$290.61
24	\$290.61
25	\$290.61
26	\$290.61
27	\$290.61
28	\$297.41
29	\$303.80
30	\$311.40
31	\$319.39
32	\$326.59
33	\$334.18
34	\$342.18
35	\$350.17
36	\$358.17
37	\$366.16
38	\$370.56
39	\$374.96
40	\$389.75
41	\$404.94
42	\$420.93
43	\$437.32
44	\$454.50
45	\$472.09
46	\$490.48
47	\$509.67
48	\$529.66
49	\$550.44
50	\$572.03
51	\$594.41
52	\$617.60
53	\$641.58
54	\$666.77
55	\$692.75
56	\$719.93
57	\$747.91
58	\$777.09
59	\$807.47
60	\$839.05
61	\$871.83
62	\$871.83
63	\$871.83
64+	\$871.83

## Summary of Member Cost-Shares

	<u>In Network</u>
DEDUCTIBLE	\$7,500
COINSURANCE	40%
OUT-OF-POCKET MAXIMUM	\$8,550
Office Copays	\$60 PCP /\$125 Specialist
Drug:	\$25 Generic, \$75 Preferred Brand \$100 Non-Preferred Brand
Drug and Medical Combined for OOP Max	

**BlueChoice Inc.**Individual On Exchange  
**DISTRICT OF COLUMBIA****BlueChoice HMO HSA Standard Bronze \$6,350**  
Proposed Monthly Premium Rate Filing Effective 1/1/2022Consumer Adjusted Rate **\$388.69**

Age	Monthly Premium
0-20	\$254.20
21	\$282.58
22	\$282.58
23	\$282.58
24	\$282.58
25	\$282.58
26	\$282.58
27	\$282.58
28	\$289.19
29	\$295.40
30	\$302.79
31	\$310.56
32	\$317.56
33	\$324.94
34	\$332.72
35	\$340.49
36	\$348.27
37	\$356.04
38	\$360.32
39	\$364.59
40	\$378.97
41	\$393.74
42	\$409.29
43	\$425.23
44	\$441.94
45	\$459.04
46	\$476.92
47	\$495.58
48	\$515.01
49	\$535.23
50	\$556.22
51	\$577.98
52	\$600.53
53	\$623.85
54	\$648.33
55	\$673.60
56	\$700.03
57	\$727.24
58	\$755.61
59	\$785.15
60	\$815.86
61	\$847.73
62	\$847.73
63	\$847.73
64+	\$847.73

## Summary of Member Cost-Shares

	<u>In Network</u>
DEDUCTIBLE	\$6,350
COINSURANCE	20%
OUT-OF-POCKET MAXIMUM	\$6,900
Office Copays	20% Coinsurance
Drug:	20% Generic, 20% Preferred Brand 20% Non-Preferred Brand
Drug and Medical Combined for Deductible & OOP Max	

**BlueChoice Inc.**

Individual On Exchange

**DISTRICT OF COLUMBIA****BlueChoice HMO Standard Silver \$4,000**

Proposed Monthly Premium Rate Filing Effective 1/1/2022

Consumer Adjusted Rate **\$478.01**

Age	Monthly Premium
0-20	\$312.62
21	\$347.51
22	\$347.51
23	\$347.51
24	\$347.51
25	\$347.51
26	\$347.51
27	\$347.51
28	\$355.64
29	\$363.29
30	\$372.37
31	\$381.93
32	\$390.53
33	\$399.62
34	\$409.18
35	\$418.74
36	\$428.30
37	\$437.86
38	\$443.12
39	\$448.37
40	\$466.06
41	\$484.22
42	\$503.34
43	\$522.94
44	\$543.50
45	\$564.53
46	\$586.52
47	\$609.46
48	\$633.36
49	\$658.22
50	\$684.03
51	\$710.80
52	\$738.53
53	\$767.21
54	\$797.32
55	\$828.39
56	\$860.90
57	\$894.36
58	\$929.25
59	\$965.58
60	\$1,003.34
61	\$1,042.54
62	\$1,042.54
63	\$1,042.54
64+	\$1,042.54

## Summary of Member Cost-Shares

	<u>In Network</u>
DEDUCTIBLE	\$4,000
COINSURANCE	20%
OUT-OF-POCKET MAXIMUM	\$8,250
Office Copays	\$40 PCP /\$80 Specialist
Drug:	\$15 Generic, \$50 Preferred Brand \$70 Non-Preferred Brand
Drug and Medical Combined for OOP Max	

**BlueChoice Inc.**  
Individual On Exchange  
**DISTRICT OF COLUMBIA**  
**BlueChoice HMO Standard Gold \$500**  
Proposed Monthly Premium Rate Filing Effective 1/1/2022

Consumer Adjusted Rate **\$615.07**

Age	Monthly Premium
0-20	\$402.26
21	\$447.16
22	\$447.16
23	\$447.16
24	\$447.16
25	\$447.16
26	\$447.16
27	\$447.16
28	\$457.61
29	\$467.45
30	\$479.14
31	\$491.44
32	\$502.51
33	\$514.20
34	\$526.50
35	\$538.80
36	\$551.10
37	\$563.40
38	\$570.17
39	\$576.94
40	\$599.69
41	\$623.07
42	\$647.67
43	\$672.89
44	\$699.33
45	\$726.40
46	\$754.69
47	\$784.21
48	\$814.97
49	\$846.95
50	\$880.17
51	\$914.61
52	\$950.28
53	\$987.19
54	\$1,025.94
55	\$1,065.92
56	\$1,107.74
57	\$1,150.80
58	\$1,195.70
59	\$1,242.44
60	\$1,291.03
61	\$1,341.47
62	\$1,341.47
63	\$1,341.47
64+	\$1,341.47

Summary of Member Cost-Shares

	In Network
DEDUCTIBLE	\$500
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$4,950
Office Copays	\$25 PCP /\$50 Specialist
Drug:	\$15 Generic, \$50 Preferred Brand \$70 Non-Preferred Brand
Drug and Medical Combined for OOP Max	

**BlueChoice Inc.**Individual On Exchange  
**DISTRICT OF COLUMBIA****BlueChoice HMO HSA Gold \$1,500**

Proposed Monthly Premium Rate Filing Effective 1/1/2022

Consumer Adjusted Rate **\$554.72**

Age	Monthly Premium
0-20	\$362.79
21	\$403.28
22	\$403.28
23	\$403.28
24	\$403.28
25	\$403.28
26	\$403.28
27	\$403.28
28	\$412.71
29	\$421.59
30	\$432.13
31	\$443.22
32	\$453.21
33	\$463.75
34	\$474.84
35	\$485.93
36	\$497.03
37	\$508.12
38	\$514.23
39	\$520.33
40	\$540.85
41	\$561.93
42	\$584.12
43	\$606.86
44	\$630.72
45	\$655.12
46	\$680.64
47	\$707.27
48	\$735.00
49	\$763.85
50	\$793.80
51	\$824.87
52	\$857.04
53	\$890.33
54	\$925.27
55	\$961.33
56	\$999.05
57	\$1,037.88
58	\$1,078.38
59	\$1,120.53
60	\$1,164.36
61	\$1,209.84
62	\$1,209.84
63	\$1,209.84
64+	\$1,209.84

## Summary of Member Cost-Shares

	In Network
DEDUCTIBLE	\$1,500
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$3,000
Office Copays	\$25 PCP /\$50 Specialist
Drug:	\$15 Generic, \$50 Preferred Brand \$70 Non-Preferred Brand
Drug and Medical Combined for Deductible & OOP Max	

**BlueChoice Inc.**Individual On Exchange  
**DISTRICT OF COLUMBIA****BlueChoice HMO Standard Platinum \$0**

Proposed Monthly Premium Rate Filing Effective 1/1/2022

Consumer Adjusted Rate **\$719.83**

Age	Monthly Premium
0-20	\$470.77
21	\$523.32
22	\$523.32
23	\$523.32
24	\$523.32
25	\$523.32
26	\$523.32
27	\$523.32
28	\$535.55
29	\$547.07
30	\$560.75
31	\$575.14
32	\$588.10
33	\$601.78
34	\$616.17
35	\$630.57
36	\$644.97
37	\$659.36
38	\$667.28
39	\$675.20
40	\$701.83
41	\$729.19
42	\$757.98
43	\$787.49
44	\$818.45
45	\$850.12
46	\$883.23
47	\$917.78
48	\$953.77
49	\$991.21
50	\$1,030.08
51	\$1,070.39
52	\$1,112.14
53	\$1,155.33
54	\$1,200.68
55	\$1,247.47
56	\$1,296.41
57	\$1,346.80
58	\$1,399.35
59	\$1,454.06
60	\$1,510.92
61	\$1,569.95
62	\$1,569.95
63	\$1,569.95
64+	\$1,569.95

## Summary of Member Cost-Shares

	In Network
DEDUCTIBLE	\$0
COINSURANCE	0%
OUT-OF-POCKET MAXIMUM	\$2,000
Office Copays	\$20 PCP /\$40 Specialist
Drug:	\$5 Generic, \$15 Preferred Brand \$25 Non-Preferred Brand
Drug and Medical Combined for OOP Max	

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.
<b>TOI/Sub-TOI:</b>	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
<b>Product Name:</b>	2567 - DC ACA Individual BlueChoice		
<b>Project Name/Number:</b>	2567 - DC BC IND64- ACA ON-EXCHANGE/2567		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	Please see actuarial certification in Actuarial Memorandum.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	2022 AV Screenshots - DC Individual BlueChoice.pdf 2022 BC Ind - DISB rate filing checklist.pdf 2567 - DC BlueChoice - Ind - Rate Sheets.xlsx 2567_Individual_DC_BlueChoice_Actuarial_Memorandum.pdf 2567_Individual_DC_BlueChoice_Actuarial_Memorandum_SERFF.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum and Certifications
<b>Comments:</b>	
<b>Attachment(s):</b>	2567_Individual_DC_BlueChoice_Actuarial_Memorandum.pdf DC Ind 2022 - BlueChoice - Index & Plan Comparison.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consumer Disclosure Form
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Cover Letter
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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	CareFirst BlueChoice, Inc.
<b>TOI/Sub-TOI:</b>	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO		
<b>Product Name:</b>	2567 - DC ACA Individual BlueChoice		
<b>Project Name/Number:</b>	2567 - DC BC IND64- ACA ON-EXCHANGE/2567		

<b>Comments:</b>	
<b>Attachment(s):</b>	2022 ACA_Cover Letter_Ind_DC_BlueChoice.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	DISB Actuarial Memorandum Dataset
<b>Comments:</b>	
<b>Attachment(s):</b>	2567 - DC BC Ind (2022) - Dataset.xlsm 2567-2568 - DC BC Trend Analysis.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	NA
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Unified Rate Review Template
<b>Comments:</b>	
<b>Attachment(s):</b>	2567 DC BlueChoice Ind URRT SERFF.pdf 2567 DC BlueChoice Ind URRT SERFF.xlsm
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	District of Columbia Plain Language Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	2567 - DC Ind - BlueChoice - PartII Rate Justification.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	RateE File
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<b>SERFF Tracking #:</b>	CFAP-132808793	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	2567
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**State:** District of Columbia  
**TOI/Sub-TOI:** HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO  
**Product Name:** 2567 - DC ACA Individual BlueChoice  
**Project Name/Number:** 2567 - DC BC IND64- ACA ON-EXCHANGE/2567  
**Filing Company:** CareFirst BlueChoice, Inc.

<b>Comments:</b>	
<b>Attachment(s):</b>	86052_DC_Individual_BC_RATEE_020121.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

State:	District of Columbia	Filing Company:	CareFirst BlueChoice, Inc.
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO		
Product Name:	2567 - DC ACA Individual BlueChoice		
Project Name/Number:	2567 - DC BC IND64- ACA ON-EXCHANGE/2567		

***Attachment 2567 - DC BlueChoice - Ind - Rate Sheets.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2567\_Individual\_DC\_BlueChoice\_Actuarial\_Memorandum\_SERFF.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2567 - DC BC Ind (2022) - Dataset.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment 2567-2568 - DC BC Trend Analysis.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2567 DC BlueChoice Ind URRT SERFF.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment 86052\_DC\_Individual\_BC\_RATEE\_020121.xlsx is not a PDF document and cannot be reproduced here.***

**BlueChoice, Inc.**  
**d.b.a. CareFirst BlueCross BlueShield**  
**(NAIC # 96202)**  
**Rate Filing #2567**

**DC Individual On Exchange Products**  
**Rates Effective 1/1/2022**

**Actuarial Value Calculations**

# User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate MOOP for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?  
 Desired Metal Tier: Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$8,700.00
Coinurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$8,700.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input checked="" type="checkbox"/>
# Visits (1-10):	3
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of [-4, +2] percent de minimis variation.

63.28%

Additional Notes:

Calculation Time:

0.3438 seconds

Final 2022 AV Calculator

63.28%

## Plan Description:

Name: BlueChoice HMO Young Adult \$8,700  
 Plan HIOS ID: 86052DC0400004  
 Issuer HIOS ID: 86052

# User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate MOOP for Medical and Drug Spending?  
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?  
 Desired Metal Tier: Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,350.00
Coinurance (% , Insurer's Cost Share)		80.00%
MOOP (\$)		\$6,900.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

64.99%

Bronze

Additional Notes:

Calculation Time:

0.0996 seconds

Final 2022 AV Calculator

64.99%

## Plan Description:

Name: BlueChoice HMO HSA Standard Bronze \$6,350  
 Plan HIOS ID: 86052DC0400010  
 Issuer HIOS ID: 86052

# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate MOOP for Medical and Drug Spending?  
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$7,500.00	\$850.00
Coinurance (% Insurer's Cost Share)	60.00%	100.00%
MOOP (\$)	\$8,550.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$55.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: [Input Plan Name]  
Plan HIOS ID: [Input Plan HIOS ID]  
Issuer HIOS ID: [Input Issuer HIOS ID]  
AVC Version: 2022\_1b

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Expanded Bronze Standard (56% to 65%), Calculation Successful.

64.84%

Bronze

Additional Notes:

Calculation Time:

0.1094 seconds

Final 2022 AV Calculator

64.84%

## Plan Description:

Name: BlueChoice HMO Standard Bronze \$7,500  
Plan HIOS ID: 86052DC0400007  
Issuer HIOS ID: 86052

# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate MOOP for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?  
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Medical	Drug	Combined
Deductible (\$)	\$4,000.00	\$250.00	
Coinurance (% Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)	\$8,250.00		
MOOP if Separate (\$)			

	Medical	Drug	Combined

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	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Output

Calculate

Status/Error Messages: Calculation Successful.  
 Actuarial Value: 71.84%  
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1133 seconds

Final 2022 AV Calculator

71.84%

## Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

## Plan Description:

Name: BlueChoice HMO Standard Silver \$4,000  
 Plan HIOS ID: 86052DC0400001  
 Issuer HIOS ID: 86052

# User Inputs for Plan Parameters

- ☒ Use Integrated Medical and Drug Deductible?  
☒ Apply Inpatient Copay per Day?  
☒ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate MOOP for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?  
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,500.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$3,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$525.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

80.98%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1035 seconds

Final 2022 AV Calculator

80.98%

## Plan Description:

Name: BlueChoice HMO HSA Gold \$1,500  
 Plan HIOS ID: 86052DC0400011  
 Issuer HIOS ID: 86052

# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☒ Apply Inpatient Copay per Day?  
☒ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate MOOP for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?  
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$4,950.00		
MOOP if Separate (\$)			

	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$525.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

81.95%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1191 seconds

Final 2022 AV Calculator

81.95%

## Plan Description:

Name: BlueChoice HMO Standard Gold \$500  
 Plan HIOS ID: 86052DC0400002  
 Issuer HIOS ID: 86052

# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☒ Apply Inpatient Copay per Day?  
☒ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate MOOP for Medical and Drug Spending?  
☐ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?  
 Desired Metal Tier: Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$2,000.00		
MOOP if Separate (\$)			

	Medical	Drug	Combined

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	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$175.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

88.99%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.1074 seconds

Final 2022 AV Calculator

88.99%

## Plan Description:

Name: BlueChoice HMO Standard Platinum \$0  
 Plan HIOS ID: 86052DC0400008  
 Issuer HIOS ID: 86052

# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate MOOP for Medical and Drug Spending?  
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?  
 Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,350.00	\$250.00	
Coinurance (% Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)	\$6,600.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.

73.96%

Silver

Additional Notes:

Calculation Time:

0.1289 seconds

Final 2022 AV Calculator

73.96%

## Plan Description:

Name: BlueChoice HMO Standard Silver \$4,000 A  
 Plan HIOS ID: 86052DC0400001  
 Issuer HIOS ID: 86052

# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate MOOP for Medical and Drug Spending?  
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?  
 Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinurance (% , Insurer's Cost Share)	85.00%	100.00%	
MOOP (\$)	\$2,700.00		
MOOP if Separate (\$)			

	Medical	Drug	Combined

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	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2022 AV Calculator

CSR Level of 87% (150-200% FPL), Calculation Successful.

87.68%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1133 seconds

87.68%

## Plan Description:

Name: BlueChoice HMO Standard Silver \$4,000 B  
 Plan HIOS ID: 86052DC0400001  
 Issuer HIOS ID: 86052

# User Inputs for Plan Parameters

- ☐ Use Integrated Medical and Drug Deductible?  
☐ Apply Inpatient Copay per Day?  
☐ Apply Skilled Nursing Facility Copay per Day?  
☐ Use Separate MOOP for Medical and Drug Spending?  
☒ Indicate if Plan Meets CSR or Expanded Bronze AV Standard?  
 Desired Metal Tier: Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	95.00%	100.00%	
MOOP (\$)	\$2,450.00		
MOOP if Separate (\$)			

	Medical	Drug	Combined

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	Tier 1				Tier 2				Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
<b>Medical</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

## Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

## Plan Description:

Name: [Input Plan Name]  
 Plan HIOS ID: [Input Plan HIOS ID]  
 Issuer HIOS ID: [Input Issuer HIOS ID]  
 AVC Version: 2022\_1b

## Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2022 AV Calculator

CSR Level of 94% (100-150% FPL), Calculation Successful.

93.87%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1152 seconds

93.87%

## Plan Description:

Name: BlueChoice HMO Standard Silver \$4,000 C  
 Plan HIOS ID: 86052DC0400001  
 Issuer HIOS ID: 86052

**RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP PLANS SOLD ON DC HEALTH LINK  
CHECK-LIST**

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Appendix - Form Numbers_IND
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Exhibit 11 - Plan Adjusted_IND
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Page 1 of the Actuarial Memorandum PDF in SERFF
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	Appendix - Form Numbers_IND
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	Exhibit 11 - Plan Adjusted_IND
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	See the PDF file "AV Screen Shots" in SERFF
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. <b>In the small group market, please also provide weighted average rate increase requested for 2022Q1 over 2021Q1; etc.</b>	Yes	Appendix - Rate Change_IND
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_IND

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_IND
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Appendix - Max Renewal_IND
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Appendix - Rate Change_IND
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for District of Columbia and the nationwide average rate history.	Yes	Appendix - Rate Change_IND
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Appendix - Rate Change_IND
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	Appendix - Total Experience
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	Appendix - Total Experience
17	Index Rate	Provide the index rate.	Yes	Exhibit 1 - Summary_IND
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	Appendix - Total Experience
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	No	Not applicable

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Exhibit 8 - Trend
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	No	Not applicable
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Exhibit 7 - Other Adjustments
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders.  For initial filings, provide the derivation of any new plan factors.	Yes	Appendix - Rate Change_IND
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	Exhibit 14 - Age Slope
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	No	Not applicable
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	Appendix - Rate Change_IND
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Appendix - Total Experience

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_Combined
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Exhibit 9 - Risk Adjustment_IND
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	Not applicable

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
32	Past and Prospective Expenses	<p>Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> <li>• Salaries, wages, employment taxes, and other employee benefits</li> <li>• Commissions</li> <li>• Taxes, licenses, and other regulatory fees</li> <li>• Cost containment programs / quality improvement activities</li> <li>• All other administrative expenses</li> <li>• Total</li> </ul>	Yes	Exhibit10A - DICR_IND and Exhibit 10B - Fed MLR_IND
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	Actuarial Memorandum
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memorandum
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Certification is included in the Actuarial Memorandum

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	No	This is not a Grandfathered Filing, so a PRJ is not provided
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	Yes	See the URRT included as a separate document in SERFF
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	See the Part II included as a separate document in SERFF
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings. <b>Provide in Excel format only.</b>	Yes	See the Dataset included as a separate document in SERFF
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	See the Part II included as a separate document in SERFF
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	See the file "Index & Plan Comparison" included as a separate document in SERFF

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
41	CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 <sup>th</sup> of the current year, whichever is first.	Yes	See the Rate 'E' file included as a separate document in SERFF
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: <ul style="list-style-type: none"> <li>• Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule;</li> <li>• Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and</li> <li>• Demonstration that the plan has a reasonable annual limitation on cost-sharing.</li> </ul>	No	Not applicable

#### CERTIFYING SIGNATURE

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.

Cory Bream

(Print Name)

Cory Bream

(Signature)

Digitally signed by  
Cory Bream  
Date: 2021.05.17  
08:38:23 -04'00'

# CareFirst BlueCross BlueShield

## Part III Actuarial Memorandum

### 4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

### 4.2 General Information Section

#### Company Identifying Information:

- **Company Legal Name:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202
- **State:** District of Columbia
- **HIOS Issuer ID:** 86052
- **Market:** Individual, Non-Medigap (On Exchange)
- **Effective Date:** 1/1/22 – 12/31/22
- **Company Filing Number:** 2567
- **SERFF Filing Number:** CFAP-132808793

#### Company Contact Information:

- **Primary Contact Name:** Mr. Cory Bream, ASA, MAAA
- **Primary Contact Telephone Number:** 410-998-5308
- **Primary Contact E-Mail Address:** Cory.Bream@CareFirst.com

### 4.3 Proposed Rate Changes (Individual market)

Base rates are changing 11.3% on average. The range is 1.7% to 13.7%. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metale benefit plans. The number of policyholders affected by this rate change is 4,401.

At this time, the proposed rates in this filing do not consider the possible impact of items including, but not limited to, the list below:

- 1) Expansion of APTC subsidies
- 2) Exacerbation of chronic morbidity due to the pandemic
- 3) Future vaccine or testing expenses not offset by deferred care

#### Reason for Rate Change(s):

The main drivers supporting the rate change are 1) decrease in the base period claims experience of the combined pool, 2) trend, including an additional catch up factor to account for depressed claims costs in the base period due to the pandemic, and 3) higher projected risk adjustment factor.

### 4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

#### 4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/20 through 12/31/20, as required.

**Paid Through Date:** 2/28/21

**Current Date:** 2/28/21

**Premiums (prior to MLR rebates) in Experience Period:** \$262,345,283

**Experience Period Member Months:** 547,143

**Current Date Members:** 47,000

#### **Allowed and Incurred Claims Incurred During the Experience Period**

##### **Allowed Claims**

- **Processed through issuer's claim system:** \$217,189,130
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$3,550,541

##### **Incurred Claims**

- **Processed through issuer's claim system:** \$189,376,935
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$3,075,738

#### **Method used for determining Allowed Claims**

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

#### **Support for IBNR estimates**

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

#### **4.4.2 Benefit Categories**

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

#### **4.4.3 Projection Factors**

##### *4.4.3.1 Trend Factors*

##### **Trend Factors (Cost/Utilization):**

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated 5.5% baseline trend, which is a decrease compared to the 6.0% trend assumed in our prior filing. On top of the 5.5% baseline trend, we have included a 0.5% adjustment to account for additional anticipated costs due to deferred preventive care in 2020. Lastly, we have included a one-time Covid catch up factor of 6.0% to account for a return to normal care levels compared to the depressed utilization in 2020 due to the unavailability of care during the pandemic. The resulting composite annualized trend assumed in this filing is 9.1%. Current observed medical trends as of 202012 are -3.9%, down from 9.3% in 201912. Current observed drug trends are 2.6% as of 202012, up from -0.5% in 201912. The composite medical and drug trend is -2.2% as of 202012, down from 6.5% in 201912. We note that current observed trend levels are depressed due to the pandemic and that future trends are expected to be much higher with all factors considered. The aggregate medical and drug observed trend as of 202012, adjusted for the COVID catch up factor, is estimated to be 3.7%.

When normalized for induced demand, network, and demographics, the composite -2.2% and 6.5% observed trends become -2.8% and 6.5%, respectively. When adjusted for the COVID catch up factor, the observed trend as of 202012 becomes 3.0%.

Using the proposed trend factor, in combination with other assumptions such as morbidity, etc., the annualized allowed PMPM change between 2022 and 2020 represented in this filing is 9.3%. Excluding the impact of the COVID catch up adjustment, the annualized allowed PMPM change between 2022 and 2020 is 6.0%. Given all of the factors, and the result of our projection factors in the aggregate, we believe that a 5.5% assumed force of trend is reasonable.

#### *4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM*

##### **Morbidity Adjustment:**

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2022 Unified Rate Review Instructions, we began our morbidity projection by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2021) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2022) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2020 to 2022 is expected to be -1.8%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

##### **Demographic Shift:**

Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

##### **Plan Design Changes:**

Exhibit 5 in the Memorandum details our support for this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience and projection periods. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

##### **Other Adjustments:**

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates.

#### *4.4.3.3 Manual Rate Adjustments*

Not applicable, as experience was determined to be fully credible.

#### *4.4.3.4 Credibility of Experience*

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

#### *4.4.3.5 Establishing the Index Rate*

The experience period index rate for this filing is \$403.13 and the projection period index rate is \$481.77. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

#### *4.4.3.6 Development of the Market-wide Adjusted Index Rate*

The Market-wide Adjusted Index Rate for the Individual market is \$729.21 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

### **Reinsurance**

There are no reinsurance recoveries applicable to this market.

### **Risk Adjustment Payment/Charge:**

The Experience Period Risk Adjustment transfers in the URRT are based on the most recently Wakely results.

Our projected 2022 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. To project the risk adjustment factors from 2020 to 2022, we have assumed an increase in the statewide premium of 8.7% which reflects an estimate of an average 0.2% increase in 2021 and 8.5% increase in 2022. We have assumed that our CFI Individual non-Catastrophic market share will decrease slightly from 82.7% in 2020 to 81.5% in 2022 and that our CFI Individual non-Catastrophic PLRS ratio to the state will increase slightly from 1.052 in 2020 to 1.055 in 2022. The resultant estimate of risk adjustment is that the BlueChoice payable transfer PMPM for the Individual market will increase from -\$112.13 in 2020 to -\$134.45 in 2022.

The risk adjustment estimates above are calculated separately for the Individual market and the Small Group market as required. This approach is different than the blended approach used to calculate the Index Rate and therefore there is an inconsistency between the risk assumed in rates and the claims data used in the calculation. Without manipulations to the assumed Contribution to Reserve (CTR) this approach results in counterintuitive rates between CareFirst Individual Market PPO and HMO plans. Per DISB direction this filing is being submitted with a negative CTR in order to adjust these relationships such that HMO rates are lower than PPO for all metal levels.

Our initial rate estimates, prior to CTR manipulations, assumed a 2% pre-tax CTR for the Individual market (both HMO and PPO). The 11.3% rate change in this submission was estimated to be 21.1% at a 2% CTR. If a merged Individual and Small Group risk adjustment methodology was used the rate change is estimated to be -6.2% with a 2% CTR and all HMO plans would be priced lower than PPO as expected.

The aggregate PPO and HMO estimated rate changes under both separate and merged risk adjustment methods are:

	Separate	Merged
Small Group	4.6%	6.8%
Individual	10.3%	1.3%

#### Exchange User Fees:

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

#### 4.4.4 Plan Adjusted Index Rate

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- **Actuarial value and cost-sharing design of the plan:** The actuarial value for each plan was determined using our own internal model and estimates the ratio of paid to allowed dollars given that plan's benefit design and the assumed allowed amount consistent with the projection period index rate. The URRT instructions state that this adjustment may take into account the benefit differences and utilization differences due to differences in cost-sharing. As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.
- **Provider network:** All plans offered use the Open Access network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage and adult vision (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
  1. Administrative Expense (G&A)
  2. Broker Commissions & Fees
  3. Federal Income Tax (FIT)
  4. Contribution to Reserve (Post-Tax)
  5. State Premium Tax
  6. PCORI Fee
  7. Risk Adjustment User Fee
  8. Exchange Assessment Fee

We note that the assumed contribution to reserve in this filing is negative and therefore these rates are expected to be deficient and produce losses. The need to propose a negative CTR is driven by the separate Individual and Small Group risk adjustment construct discussed in the Risk Adjustment section above.

- **Catastrophic adjustment:** The catastrophic factor has been developed from the experience of the catastrophic population and is applied only to the catastrophic plan as required. See the Appendix in the Memorandum for more details. All other factors applied to the Market Adjusted Index Rate are the same across all plans.

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

#### **4.4.5 Calibration**

##### **Age Curve Calibration**

We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found on Exhibit 13.

##### **Geographic Factor Calibration**

We have elected not to rate for geographic region.

##### **Tobacco Use Rating Factor Calibration**

We have elected not to rate for tobacco usage.

#### **4.4.6 Consumer Adjusted Premium Rate Development**

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

#### **4.5 Projected Loss Ratio**

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 92.1% for the Individual market and 83.3% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

#### **4.6 Plan Product Information**

##### **4.6.1 AV Metal Values**

The majority of our 2022 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower level of cost-share. The results were blended assuming 84% of the designated services are rendered in higher cost-share setting and the remaining 16% at the lower, consistent with experience from our small group and individual markets. Plans without these features used the AV calculator without modification.

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing.

##### **4.6.2 Membership Projections**

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/28/2021 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

#### **4.6.3 Terminated Plans and Products**

Plan mappings from the experience period to the rating period can be found in Appendix – Mapping.

#### **4.6.4 Plan Type**

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

### **4.7 Miscellaneous Instructions**

#### **4.7.1 Effective Rate Review Information (Optional)**

We have no additional exhibits.

#### **4.7.2 Reliance**

We do not have any reliance to state.

#### **4.7.3 Actuarial Certification**

Included in the Memorandum.

**BlueChoice Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 96202)**

**Rate Filing # 2567  
D.C. Individual Products  
Rate Filing Effective 1/1/2022**

**Actuarial Memorandum**

**BlueChoice Inc.**  
**(NAIC # 96202)**  
**H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)**  
**D.C. Individual Products**  
**Rate Filing Effective 1/1/2022**  
**Actuarial Certification**

I, Cory Bream, am a(n) Actuarial Associate with CareFirst BlueChoice doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
  - b. Developed in compliance with the applicable Actuarial Standards of Practice
  - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
  - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
3. Consistent with 45 CFR § 156.135, the 2022 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The DISB has directed CareFirst to file rate submissions that reflect lower HMO rates than PPO by metal. In order to meet this directive, the contribution to reserve assumed in this filing is -6.5%. The assumed contribution to reserve in this filing, aggregated with the assumed contribution to reserve in our GHMSI filing, reflects a 2% contribution to reserve.

This rebalancing results in BlueChoice rates that are deficient and are expected to produce losses.

**Cory Bream** Digitally signed by Cory Bream  
Date: 2021.05.17 08:49:55  
-04'00'

Cory Bream, ASA, MAAA  
Actuarial Associate  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-720  
10455 Mill Run Circle  
Owings Mills, MD 21117

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### Exhibit 1 - Market Adjusted Index Rate Summary

		2022	Exhibit
(1)	Base Period Total Allowed	\$ 403.44	2
(2)	Base Period Non-EHB PMPM	\$ 0.31	2
(3)	Experience Period Index Rate	\$ 403.13	
(4)	Change in Morbidity	0.9820	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	1.0055	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	1.0133	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0029	7
(11)	Annualized Trend	9.1%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1909	
(14)	Projection Period Index Rate	\$ 481.77	
(15)	Reinsurance Program	1.0000	
(16)	Risk Adjustment Program	1.5136	9
(17)	Federal Exchange User Fee	1.0000	
(18)	Market Adjusted Index Rate	\$ 729.21	
	Without Risk Adjustment	\$ 481.77	

**The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.**

## Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service		
Inpatient Hospital	\$	38,139,178	\$	69.71	Admits	45.39	\$	18,429.89
Outpatient Hospital	\$	40,315,619	\$	73.68	Visits	565.00	\$	1,564.96
Professional	\$	76,727,472	\$	140.23	Visits	11,343.73	\$	148.35
Other Medical	\$	13,663,835	\$	24.97	Services	1,116.00	\$	268.53
Capitation	\$	563,579	\$	1.03	Benefit Period	1,000	\$	12.36
Prescription Drug	\$	51,329,989	\$	93.81	Prescriptions	7,104.49	\$	158.46
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$</b>	<b>220,739,672</b>	<b>\$</b>	<b>403.44</b>				
<b>EHB Allowed</b>	<b>\$</b>	<b>220,571,579</b>	<b>\$</b>	<b>403.13</b>				
<b>Non-EHB Allowed</b>	<b>\$</b>	<b>168,093</b>	<b>\$</b>	<b>0.31</b>				
<b>Incurred Net</b>	<b>\$</b>	<b>192,452,673</b>	<b>\$</b>	<b>351.74</b>				
<b>Net/Allowed</b>		<b>87.19%</b>						
<b>Experience Period Member Months</b>		<b>547,143</b>						
<b>Experience Period Revenue</b>	<b>\$</b>	<b>262,345,283</b>						

### Exhibit 3 - Non-EHB Adjustment

HIOS Plan ID	Plan Name	Exchange	2022 Index Rate	2022 Non-EHB PMPM	2022 Non-EHB Adjustment
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	On	\$ 481.77	\$ 2.62	1.0054
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$ 481.77	\$ 2.27	1.0047
86052DC0400004	BlueChoice HMO Young Adult \$8,700	On	\$ 481.77	\$ 5.24	1.0109
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	On	\$ 481.77	\$ 2.93	1.0061
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$ 481.77	\$ 2.10	1.0044
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	On	\$ 481.77	\$ 2.98	1.0062
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	On	\$ 481.77	\$ 2.40	1.0050

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2020 Normalized Allowed PMPM
Catastrophic	8,671	\$ 88.52
Bronze	47,691	\$ 127.38
Silver	128,534	\$ 183.15
Gold	205,807	\$ 235.62
Platinum	156,376	\$ 240.84
Subtotal	547,079	\$ 213.02

Current Year YTD

Existing				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	1,018	\$ 95.33	1.000	\$ 95.33
Bronze	7,036	\$ 129.31	1.000	\$ 129.31
Silver	19,064	\$ 180.73	1.000	\$ 180.73
Gold	29,894	\$ 228.80	1.000	\$ 228.80
Platinum	21,243	\$ 237.30	1.000	\$ 237.30
Subtotal	78,255	\$ 208.71	1.000	\$ 208.71

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	196	\$ 95.33	1.000	\$ 95.33
Bronze	1,422	\$ 129.31	1.000	\$ 129.31
Silver	2,600	\$ 180.73	1.000	\$ 180.73
Gold	4,699	\$ 228.80	1.000	\$ 228.80
Platinum	2,563	\$ 237.30	1.000	\$ 237.30
Subtotal	11,480	\$ 205.21	1.000	\$ 205.21

Transfer				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	44	\$ 91.46	1.000	\$ 91.46
Bronze	246	\$ 152.12	1.000	\$ 152.12
Silver	717	\$ 256.88	1.000	\$ 256.88
Gold	1,616	\$ 239.16	1.000	\$ 239.16
Platinum	1,259	\$ 266.94	1.000	\$ 266.94
Subtotal	3,882	\$ 244.25	1.000	\$ 244.25

Total				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	1,258	\$ 95.19	1.000	\$ 95.19
Bronze	8,704	\$ 129.95	1.000	\$ 129.95
Silver	22,381	\$ 183.17	1.000	\$ 183.17
Gold	36,209	\$ 229.26	1.000	\$ 229.26
Platinum	25,065	\$ 238.79	1.000	\$ 238.79
Subtotal	93,617	\$ 209.76	1.000	\$ 209.76

Remainder of Current Year

Existing		
Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	4,685	\$ 95.33
Bronze	34,424	\$ 129.31
Silver	96,352	\$ 180.73
Gold	151,656	\$ 228.80
Platinum	107,584	\$ 237.30
Subtotal	394,701	\$ 209.12

New		
Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	1,702	\$ 95.33
Bronze	8,918	\$ 129.31
Silver	13,106	\$ 180.73
Gold	24,209	\$ 228.80
Platinum	11,922	\$ 237.30
Subtotal	59,857	\$ 201.35

Transfer		
Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	235	\$ 91.46
Bronze	1,261	\$ 152.12
Silver	3,061	\$ 256.88
Gold	6,224	\$ 239.16
Platinum	4,534	\$ 266.94
Subtotal	15,315	\$ 241.49

Total		
Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	6,622	\$ 95.19
Bronze	44,603	\$ 129.95
Silver	112,519	\$ 182.80
Gold	182,089	\$ 229.15
Platinum	124,040	\$ 238.38
Subtotal	469,873	\$ 209.18

Total Current Year

Total	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	7,880	\$ 95.19
Bronze	53,307	\$ 129.95
Silver	134,900	\$ 182.86
Gold	218,298	\$ 229.17
Platinum	149,105	\$ 238.45
Subtotal	563,490	\$ 209.28

Rating Year

Existing				
Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	6,900	\$ 95.19	1.000	\$ 95.19
Bronze	46,850	\$ 129.95	1.000	\$ 129.95
Silver	114,726	\$ 182.86	1.000	\$ 182.86
Gold	190,589	\$ 229.17	1.000	\$ 229.17
Platinum	125,749	\$ 238.45	1.000	\$ 238.45
Subtotal	484,814	\$ 209.12	1.000	\$ 209.12

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	1,754	\$ 95.19	1.000	\$ 95.19
Bronze	10,725	\$ 129.95	1.000	\$ 129.95
Silver	19,158	\$ 182.86	1.000	\$ 182.86
Gold	33,638	\$ 229.17	1.000	\$ 229.17
Platinum	18,232	\$ 238.45	1.000	\$ 238.45
Subtotal	83,507	\$ 205.02	1.000	\$ 205.02

Transfer				
Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	156	\$ 91.46	1.000	\$ 91.46
Bronze	772	\$ 152.12	1.000	\$ 152.12
Silver	1,985	\$ 256.88	1.000	\$ 256.88
Gold	4,594	\$ 239.16	1.000	\$ 239.16
Platinum	3,597	\$ 266.94	1.000	\$ 266.94
Subtotal	11,104	\$ 243.20	1.000	\$ 243.20

Total				
Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	8,810	\$ 95.12	1.000	\$ 95.12
Bronze	58,347	\$ 130.24	1.000	\$ 130.24
Silver	135,869	\$ 183.95	1.000	\$ 183.95
Gold	228,821	\$ 229.37	1.000	\$ 229.37
Platinum	147,578	\$ 239.14	1.000	\$ 239.14
Subtotal	579,425	\$ 209.18	1.000	\$ 209.18

Year	Adjusted Normalized PMPM	Year over Year Change
2020	\$ 213.02	n/a
2021	\$ 209.28	-1.8%
2022	\$ 209.18	0.0%

Morbidity Adjustment Change	-1.8%
Morbidity Adjustment Factor	0.9820

### Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2020	78.09%	1.0704	
(2) Projected 2022	79.28%	1.0764	
(3) <b>Adjustment*</b>		<b>1.0056</b>	(2)/(1)

**\*Applied to all service categories except capitations**

### Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.6687	100.0%	34.3
(2)	Rating Period	Existing	1.7328	83.7%	
		New	1.4520	14.4%	
		Transfer	1.6583	1.9%	
(3)	Rating Period	All	1.6909	100.0%	34.8
(4)	<b>Demographic Adjustment***</b>	<b>All</b>	<b>1.0133</b>		

(3) / (1)

\*Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

\*\*Average ages are member weighted

\*\*\*Applied to all service categories except capitations

### Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment		
(1) Experience Period Capitations PMPM (EHBs only)	\$ 0.80	
(2) Projection Period Capitations PMPM	\$ 0.79	
(3) <b>Adjustment to Capitation Category</b>	<b>0.9855</b>	(2)/(1)
Drug Rebates adjustment		
(4) Experience Period Allowed Rx PMPM (Pre-Rebates)	\$ 116.52	
(5) Morbidity	0.9820	Exhibit 4
(6) Induced Demand	1.0056	Exhibit 5
(7) Demographics	1.0133	Exhibit 6
(8) Rx Trend (Force of Trend)	1.0922	Exhibit 8
(9) Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$ 127.34	(4)*(5)*(6)*(7)*(8)
(10) Target Projection Period Rx Rebates PMPM	\$ 23.42	
(11) Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$ 103.92	(9)-(10)
(12) Experience Period Rx Rebates PMPM	\$ 22.71	
(13) Experience Period Allowed Rx PMPM (Post-Rebates)	\$ 93.81	(4)-(12)
(14) Morbidity	0.9820	Exhibit 4
(15) Induced Demand	1.0056	Exhibit 5
(16) Demographics	1.0133	Exhibit 6
(17) Rx Trend (Force of Trend)	1.0922	Exhibit 8
(18) Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$ 102.53	(13)*(14)*(15)*(16)*(17)
(19) <b>Adjustment to Drug Category</b>	<b>1.0136</b>	(11)/(18)

	PMPM	Adjustment	
Inpatient Hospital	\$ 88.73	1.0000	
Outpatient Hospital	\$ 92.03	1.0000	
Professional	\$ 168.20	1.0000	
Other Medical	\$ 28.09	1.0000	
Capitation	\$ 0.80	0.9855	(3)
Prescription Drug	\$ 102.53	1.0136	(19)
<b>Total</b>	<b>\$ 480.38</b>	<b>1.0029</b>	

PMPM weights are set equal to projected PMPM without "other" adj.

### Exhibit 8 - Annual Trend Assumptions

	2020				Trended
	EHB PMPM	Weight	Utilization/1,000	Unit Cost	Composite
<b>Inpatient Hospital</b>	\$ 69.71	17.3%	1.0348	1.0900	1.2721
<b>Outpatient Hospital</b>	\$ 73.65	18.3%	1.0348	1.0800	1.2489
<b>Professional</b>	\$ 140.19	34.8%	1.0842	1.0100	1.1991
<b>Other Medical</b>	\$ 24.97	6.2%	1.0296	1.0300	1.1246
<b>Capitation</b>	\$ 0.80	0.2%	1.0000	1.0000	1.0000
<b>Prescription Drug</b>	\$ 93.81	23.3%	1.0348	1.0100	1.0922
<b>Total</b>	\$ 403.13	100.0%			1.0913
<b>Proposed Trend</b>					<b>1.0913</b>

**Exhibit 9 - Risk Adjustment**

**Statewide 2020**

<b>Metallic Tier</b>	<b>Member Months</b>		<b>PLRS</b>	<b>ARF</b>	<b>GCF</b>	<b>IDF</b>	<b>AV</b>	<b>PWRS</b>	<b>PWORS</b>	<b>Transfer \$</b>	<b>PMPM</b>	<b>Statewide PMPM 2020</b>
Catastrophic	9,400		0.218	0.737	1.000	1.000	0.570	0.218	0.420			\$ 110.62
Individual Non-Catastrophic	182,755		1.436	1.116	1.000	1.057	0.735	1.560	0.865			\$ 466.79

**CFI & Completion 2020**

<b>Metallic Tier</b>	<b>Member Months</b>	<b>Distribution</b>	<b>PLRS</b>	<b>ARF</b>	<b>GCF</b>	<b>IDF</b>	<b>AV</b>	<b>PWRS</b>	<b>PWORS</b>	<b>Transfer \$</b>	<b>PMPM</b>
CFI Non-Catastrophic	151,065	82.7%	1.510	1.126	1.000	1.056	0.732	1.642	0.870		
Competition Non-Catastrophic	31,690	17.3%	1.083	1.067	1.000	1.062	0.748	-	-		

**2020**

<b>Metallic Tier</b>	<b>Member Months</b>	<b>Distribution</b>	<b>PLRS</b>	<b>ARF</b>	<b>GCF</b>	<b>IDF</b>	<b>AV</b>	<b>PWRS</b>	<b>PWORS</b>	<b>Transfer \$</b>	<b>PMPM</b>
Catastrophic	8,900	14.9%	0.221	0.737	1.000	1.000	0.570	0.221	0.420	\$14,904	\$1.67
Bronze	27,015	45.2%	0.524	1.180	1.000	1.000	0.600	0.524	0.708	-\$6,079,379	-\$225.04
Silver	15,671	26.2%	1.083	1.172	1.000	1.030	0.700	1.115	0.845	-\$1,912,268	-\$122.02
Gold	5,673	9.5%	1.826	1.055	1.000	1.080	0.800	1.972	0.911	\$557,569	\$98.29
Platinum	2,510	4.2%	2.618	1.101	1.000	1.150	0.900	3.010	1.140	\$717,034	\$285.63
Total	59,769	100%	0.837	1.097	1.000	1.022	0.653	0.876	0.738	-\$6,702,140	-\$112.13

50,869

**Statewide 2022**

<b>Metallic Tier</b>	<b>Member Months</b>		<b>PLRS</b>	<b>ARF</b>	<b>GCF</b>	<b>IDF</b>	<b>AV</b>	<b>PWRS</b>	<b>PWORS</b>	<b>Transfer \$</b>	<b>PMPM</b>	<b>Statewide PMPM 2022</b>
Catastrophic	9,274		0.264	0.737	1.000	1.000	0.570	0.264	0.420			\$ 113.90
Individual Non-Catastrophic	193,328		1.573	1.112	1.000	1.056	0.734	1.709	0.861			\$ 507.48

**CFI & Competition 2022**

<b>Metallic Tier</b>	<b>Member Months</b>	<b>Distribution</b>	<b>PLRS</b>	<b>ARF</b>	<b>GCF</b>	<b>IDF</b>	<b>AV</b>	<b>PWRS</b>	<b>PWORS</b>	<b>Transfer \$</b>	<b>PMPM</b>
CFI Non-Catastrophic	157,562	81.5%	1.659	1.122	1.000	1.055	0.730	1.805	0.866	\$ -	\$ -
Competition Non-Catastrophic	35,766	18.5%	1.192	1.067	1.000	1.062	0.748	-	-	\$ -	\$ -

**2022**

<b>Metallic Tier</b>	<b>Member Months</b>	<b>Distribution</b>	<b>PLRS</b>	<b>ARF</b>	<b>GCF</b>	<b>IDF</b>	<b>AV</b>	<b>PWRS</b>	<b>PWORS</b>	<b>Transfer \$</b>	<b>PMPM</b>
Catastrophic	8,810	14.1%	0.268	0.737	1.000	1.000	0.570	0.268	0.420	\$15,051	\$1.71
Bronze	30,129	48%	0.583	1.156	1.000	1.000	0.600	0.583	0.694	-\$7,100,749	-\$235.68
Silver	15,287	24%	1.125	1.154	1.000	1.030	0.700	1.159	0.832	-\$2,236,095	-\$146.27
Gold	5,981	10%	1.777	1.034	1.000	1.080	0.800	1.919	0.894	\$257,897	\$43.12
Platinum	2,240	4%	2.812	1.085	1.000	1.150	0.900	3.234	1.123	\$667,967	\$298.20
Total	62,447	100%	0.866	1.082	1.000	1.020	0.650	0.903	0.723	-\$8,395,929	-\$134.45

**Adjustment Factor applied to Market Adjusted Index Rate**

<b>Projected Index Rate</b>	<b>Projected Transfer PMPM (Allowed basis)</b>	<b>Risk Adjustment User Fee</b>	<b>Adjustment Factor*</b>
\$481.77	-\$247.20	\$0.25	1.5136

\*Adjustment Factor = (\$481.77 - \$-247.2+ \$0.25) / \$481.77

# Exhibit 10A - Desired Incurred Claims Ratio

	2022	
	PMPM	% of Revenue
Allowed Claims	\$ 434.37	
Paid/Allowed Ratio	60.5%	
Paid Claims & Capitulations	\$ 262.64	
Risk Adjustment Transfer (Paid Basis)	\$ (134.45)	
Reinsurance Recoveries (Paid Basis)	\$ -	
Paid Claims & Capitulations (Post-3Rs)	\$ 397.08	90.4%
Administrative Expense	\$ 55.25	12.6%
Broker Commissions & Fee	\$ 1.89	0.4%
Contribution to Reserve (Post-Tax)	\$ (22.39)	-5.1%
Investment Income Credit	\$ (0.44)	-0.1%
Risk Charge	\$ -	0.0%
<u>Non-ACA Taxes &amp; Fees</u>		
State Premium Tax	\$ 8.78	2.0%
State Assessment Fee	\$ 0.44	0.1%
Reinsurance Program Fee	\$ -	0.0%
State Income Tax	\$ -	0.0%
Federal Income Tax	\$ (6.15)	-1.4%
<u>ACA Taxes &amp; Fees</u>		
Health Insurer Tax	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.25	0.1%
Exchange Assessment Fee	\$ 3.95	0.9%
Federal Exchange User Fee	\$ -	0.0%
PCORI Tax	\$ 0.24	0.1%
BlueRewards/Incentive Program	\$ 0.17	0.0%
Total Revenue	\$ 439.07	100.0%
Plan Level Admin Load Adjustment	1.1050	
Projected Member Months	62,447	
Average Members	5,204	
% Total 2022	100.0%	

## Exhibit 10B - Federal MLR

	Total 2022 PMPM / %
<b><u>Traditional MLR Development</u></b>	
Paid Claims & Capitations (Post-3Rs) \$	397.08
Total Revenue \$	439.07
<hr/>	
Traditional MLR (i.e. DICR)	90.4%
 <b><u>Federal MLR Development</u></b>	
<b>Numerator Adjustments</b>	
BlueRewards/Incentive Program \$	0.17
Quality Improvement Expenses \$	1.71
Removal of non-care costs under MLR guidelines \$	(1.36)
 <b>Denominator Adjustments</b>	
Non-ACA Taxes & Fees \$	3.07
ACA Taxes & Fees \$	4.44
 Federal MLR Numerator \$	 397.61
Federal MLR Denominator \$	431.56
<hr/>	
Federal MLR	92.1%
 <b>Projected Member Months</b>	
	62,447

# **Exhibit 10B - Federal MLR (Combined SG & Individual)**

**Total 2022  
PMPM / %**

## **Traditional MLR Development**

Paid Claims & Capitations (Post-3Rs)	\$	429.18
<b>Total Revenue</b>	<b>\$</b>	<b>531.42</b>
<b>Traditional MLR (i.e. DICR)</b>		<b>80.8%</b>

## **Federal MLR Development**

### **Numerator Adjustments**

BlueRewards/Incentive Program	\$	0.33
Quality Improvement Expenses	\$	2.39
removal of non-care costs under MLR guidelines	\$	(4.92)

### **Denominator Adjustments**

Non-ACA Taxes & Fees	\$	13.40
ACA Taxes & Fees	\$	5.27

<b>Federal MLR Numerator</b>	<b>\$</b>	<b>426.97</b>
<b>Federal MLR Denominator</b>	<b>\$</b>	<b>512.75</b>
<b>Federal MLR</b>		<b>83.3%</b>

<b>Projected Member Months</b>	<b>579,425</b>
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Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Catastrophic Adjustment	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	HMO	SILVER	On	Open Access	\$729.21	0.6870	0.9480	0.9635	1.0054	1.0000	1.0000	1.1050	\$508.36
86052DC0400002	BlueChoice HMO Standard Gold \$500	HMO	GOLD	On	Open Access	\$729.21	0.8497	0.9480	1.0030	1.0047	1.0000	1.0000	1.1050	\$654.12
86052DC0400004	BlueChoice HMO Young Adult \$8,700	HMO	CATASTROPHIC	On	Open Access	\$729.21	0.5575	0.9480	0.9280	1.0109	0.4765	1.0000	1.1050	\$190.34
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	HMO	BRONZE	On	Open Access	\$729.21	0.5961	0.9480	0.9280	1.0061	1.0000	1.0000	1.1050	\$425.12
86052DC0400008	BlueChoice HMO Standard Platinum \$0	HMO	PLATINUM	On	Open Access	\$729.21	0.9343	0.9480	1.0680	1.0044	1.0000	1.0000	1.1050	\$765.53
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	HMO	BRONZE	On	Open Access	\$729.21	0.5795	0.9480	0.9280	1.0062	1.0000	1.0000	1.1050	\$413.37
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	HMO	GOLD	On	Open Access	\$729.21	0.7661	0.9480	1.0030	1.0050	1.0000	1.0000	1.1050	\$589.94

### Exhibit 12 - AV Values

HIOS Plan ID	Suffix	HIOS Plan Name	HHS AV
86052DC0400001	01	BlueChoice HMO Standard Silver \$4,000	0.718
86052DC0400001	02	BlueChoice HMO Standard Silver \$4,000 NAO	1.000
86052DC0400001	03	BlueChoice HMO Standard Silver \$4,000 NAL	0.718
86052DC0400001	04	BlueChoice HMO Standard Silver \$4,000 A	0.740
86052DC0400001	05	BlueChoice HMO Standard Silver \$4,000 B	0.877
86052DC0400001	06	BlueChoice HMO Standard Silver \$4,000 C	0.939
86052DC0400002	01	BlueChoice HMO Standard Gold \$500	0.820
86052DC0400002	02	BlueChoice HMO Standard Gold \$500 NAO	1.000
86052DC0400002	03	BlueChoice HMO Standard Gold \$500 NAL	0.820
86052DC0400004	01	BlueChoice HMO Young Adult \$8,700	0.633
86052DC0400007	01	BlueChoice HMO Standard Bronze \$7,500	0.648
86052DC0400007	02	BlueChoice HMO Standard Bronze \$7,500 NAO	1.000
86052DC0400007	03	BlueChoice HMO Standard Bronze \$7,500 NAL	0.648
86052DC0400008	01	BlueChoice HMO Standard Platinum \$0	0.890
86052DC0400008	02	BlueChoice HMO Standard Platinum \$0 NAO	1.000
86052DC0400008	03	BlueChoice HMO Standard Platinum \$0 NAL	0.890
86052DC0400010	01	BlueChoice HMO HSA Standard Bronze \$6,350	0.650
86052DC0400010	02	BlueChoice HMO Standard Bronze \$6,350 NAO	1.000
86052DC0400010	03	BlueChoice HMO Standard Bronze \$6,350 NAL	0.650
86052DC0400011	01	BlueChoice HMO HSA Gold \$1,500	0.810
86052DC0400011	02	BlueChoice HMO Gold \$1,500 NAO	1.000
86052DC0400011	03	BlueChoice HMO Gold \$1,500 NAL	0.810

### Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.0842	83.7%	
		New	0.9453	14.4%	
		Transfer	1.0501	1.9%	
(2)	<b>Rating Period</b>	<b>All</b>	<b>1.0635</b>	<b>100.0%</b>	<b>42.3</b>
(3)	<b>Nearest Rounded</b>	<b>All</b>	<b>1.0530</b>		<b>42.0</b>
(4)	<b>Calibration***</b>	<b>All</b>	<b>0.9901</b>		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BlueChoice HMO Standard Silver \$4,000
(5)	Plan Adjusted Index Rate	\$508.36
(6)	Calibration	0.9901
(7)	Calibrated Rate	\$503.35
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259
(9)	<b>Age 40 Premium Rate</b>	<b>\$466.06</b>

(4)

(5)\*(6)

(7)\*(8)

\*Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

\*\*The rating period average age is determined from the member weighted average factor. Specifically it is linearly interpolated using the two age factors on the curve surrounding the member weighted average factor.

\*\*\*Applied uniformly to all plans

# Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

**Exhibit 15 - Induced Utilization Factors**

<b>CDH/Non-CDH</b>	<b>Projected Member Months</b>	<b>Relative to HSA/HRA</b>	<b>Relative to Average</b>
HSA/HRA	158,339	1.0000	1.0000
Non-CDH	421,086	1.0000	1.0000
	<b>579,425</b>	<b>1.0000</b>	

<b>Full HIOS Plan ID</b>	<b>Base HIOS Plan ID</b>	<b>Plan Name</b>	<b>Metal Level</b>	<b>Relative to Bronze</b>	<b>Projected Member Months</b>	<b>Relative to Average (Pool)</b>	<b>Relative to Average (CSR)</b>
86052DC040000101	86052DC0400001	BlueChoice HMO Standard Silver \$4,000	SILVER	1.0300	13,191	0.9560	0.9635
86052DC040000102	86052DC0400001	BlueChoice HMO Standard Silver \$4,000 NAO	SILVER	1.0300	-	0.9560	0.9635
86052DC040000103	86052DC0400001	BlueChoice HMO Standard Silver \$4,000 NAL	SILVER	1.0300	-	0.9560	0.9635
86052DC040000104	86052DC0400001	BlueChoice HMO Standard Silver \$4,000 A	SILVER	1.0300	1,079	0.9560	0.9635
86052DC040000105	86052DC0400001	BlueChoice HMO Standard Silver \$4,000 B	SILVER	1.1500	322	1.0680	0.9635
86052DC040000106	86052DC0400001	BlueChoice HMO Standard Silver \$4,000 C	SILVER	1.1500	695	1.0680	0.9635
86052DC040000201	86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	1.0800	4,001	1.0030	1.0030
86052DC040000202	86052DC0400002	BlueChoice HMO Standard Gold \$500 NAO	GOLD	1.0800	-	1.0030	1.0030
86052DC040000203	86052DC0400002	BlueChoice HMO Standard Gold \$500 NAL	GOLD	1.0800	-	1.0030	1.0030
86052DC040000401	86052DC0400004	BlueChoice HMO Young Adult \$8,700	CATASTROPHIC	1.0000	8,810	0.9280	0.9280
86052DC040000701	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	1.0000	10,937	0.9280	0.9280
86052DC040000702	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500 NAO	BRONZE	1.0000	-	0.9280	0.9280
86052DC040000703	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500 NAL	BRONZE	1.0000	-	0.9280	0.9280
86052DC040000801	86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	1.1500	2,240	1.0680	1.0680
86052DC040000802	86052DC0400008	BlueChoice HMO Standard Platinum \$0 NAO	PLATINUM	1.1500	-	1.0680	1.0680
86052DC040000803	86052DC0400008	BlueChoice HMO Standard Platinum \$0 NAL	PLATINUM	1.1500	-	1.0680	1.0680
86052DC040001001	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	1.0000	19,192	0.9280	0.9280
86052DC040001002	86052DC0400010	BlueChoice HMO Standard Bronze \$6,350 NAO	BRONZE	1.0000	-	0.9280	0.9280
86052DC040001003	86052DC0400010	BlueChoice HMO Standard Bronze \$6,350 NAL	BRONZE	1.0000	-	0.9280	0.9280
86052DC040001101	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	GOLD	1.0800	1,980	1.0030	1.0030
86052DC040001102	86052DC0400011	BlueChoice HMO Gold \$1,500 NAO	GOLD	1.0800	-	1.0030	1.0030
86052DC040001103	86052DC0400011	BlueChoice HMO Gold \$1,500 NAL	GOLD	1.0800	-	1.0030	1.0030

## Appendix - Network Factors

Network Type	Proposed Products Using This Network	Description
Lock In / Referral	BlueChoice HMO Referral	Referrals needed for Specialist Care, No Out of Network Coverage.
Open Access	BlueChoice HMO	No Referrals needed for Specialist, No Out of Network Coverage.
Open Access Opt-Out	BlueChoice Plus Opt-Out	No Referrals needed for Specialist, Out of Network Benefits pay up to In Network allowance, Member may be balance billed.
Open Access Plus	BlueChoice Plus	No Referrals needed, Out of Network allowances pay up to Regional Preferred Network (RPN) allowance.
Open Access Advantage	BlueChoice Advantage	No Referrals needed, Out of Network allowance pay up to RPN allowance, Out of Area BlueCard considered In Network for cost-sharing.

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	47,435	1.0000	0.9031
Open Access	163,011	1.0500	0.9483
Open Access Opt-Out	33,621	1.0602	0.9575
Open Access Plus	78,540	1.0704	0.9667
Open Access Advantage	256,818	1.1808	1.0665
<b>Total</b>	<b>579,425</b>	<b>1.1072</b>	

Factors are applied as plan level adjustments

## Appendix - Catastrophic Plans Adjustment

### Step 1: Normalize Experience Period Catastrophic PMPM

	Catastrophic	Non-Catastrophic	Total (single risk pool)
Member Months	8,671	538,472	547,143
Distirbution	1.6%	98.4%	
Completed Allowed	\$923,825	\$219,815,847	\$220,739,672
Allowed PMPM	\$106.54	\$408.22	\$403.44
Age Rating Factor	0.7412	1.0591	1.0541
Induced Demand Factor	1.0000	1.0815	1.0802
Actuarial Value	1.0000	1.0000	1.0000
<b>Net Factor</b>	<b>0.7412</b>	<b>1.1454</b>	<b>1.1390</b>
<b>Normalized Factor</b>	<b>1.5367</b>	<b>0.9944</b>	<b>1.0000</b>
<b>Normalized PMPM</b>	<b>\$163.73</b>	<b>\$405.94</b>	<b>\$403.44</b>

### Step 2: Apply Credibility to Normalized Catastrophic PMPM

(1)	Normalized Catastrophic PMPM	\$163.73	
(2)	Member Months	8,671	
(3)	Full Credibility (Member Months)	24,000	
(4)	Credibility	60.1%	
(5)	Normalized Non-Catastrophic PMPM	\$405.94	
(6)	Morbidity Adjustment*	0.5793	(a)/(b)
(7)	Morbidity-Adjusted Non-Catastrophic PMPM	\$235.16	(5)*(6)
(8)	Credibility-Adjusted Catastrophic PMPM	\$192.22	(1)*(4)+(1 - (4))*(7)

### Step 3: Ratio of Credibility-Normalized Catastrophic PMPM vs. Single Risk Pool

(9)	Normalized SRP PMPM	\$403.44	
(10)	<b>Catastrophic Factor</b>	<b>0.4765</b>	(8)/(9)

### Total ACA Individual Market Experience (202001-202012 Paid Through: 202102)

Metal Level	Member Months	Normalized Allowed PMPM	
Catastrophic	95,626	\$148.53	(a)
Bronze	455,106	\$146.84	
Silver	444,745	\$296.61	
Gold	725,291	\$299.61	
Platinum	2,455	\$516.99	
<b>Non-Catastrophic Total</b>	<b>1,627,597</b>	<b>\$256.40</b>	<b>(b)</b>

\*The Morbidity Adjustment is the ratio of Catastrophic Normalized Allowed PMPM to the Non-Catastrophic Normalized Allowed PMPM for our total Individual ACA Market Experience.

Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period	
2020 Base HIOS Plan ID	2020 HIOS Plan Name	2021 Base HIOS Plan ID	2021 HIOS Plan Name	2022 Base HIOS Plan ID	2022 HIOS Plan Name
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	86052DC0400001	BlueChoice HMO Standard Silver \$4,000	86052DC0400001	BlueChoice HMO Standard Silver \$4,000
86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500
86052DC0400004	BlueChoice HMO Young Adult \$8,150	86052DC0400004	BlueChoice HMO Young Adult \$8,550	86052DC0400004	BlueChoice HMO Young Adult \$8,700
86052DC0400007	BlueChoice HMO Standard Bronze \$7,250	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500
86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	86052DC0400011	BlueChoice HMO HSA Gold \$1,500

Appendix - Annual Rate Change Based on Mapping

Catastrophic	Catastrophic/Avg Renewal	632	689	1.7%
Bronze	Bronze Members/Avg Renewal	2,417	2,496	12.9%
Silver	Silver Members/Avg Renewal	1,268	1,287	12.3%
Gold	Gold Members/Avg Renewal	502	507	9.4%
Platinum	Platinum Members/Avg Renewal	199	196	9.0%
	All Members/Avg Renewal	5,018	5,175	11.3%
	Minimum Renewal			1.7%
	Maximum Renewal			13.7%

2021 HIOS Plan ID	2021 HIOS Plan Name	2021 Metal Level	2021 Marketplace Indicator	2022 HIOS Plan ID	2022 HIOS Plan Name	2022 Metal Level	2022 Marketplace Indicator	Current Month Member Count	Projected 2021 EOY Members	2021 Base Rate	2022 Base Rate	Annual Rate Change
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	SILVER	On	86052DC0400001	BlueChoice HMO Standard Silver \$4,000	SILVER	On	1,268	1,287	\$425.82	\$478.01	12.3%
86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	On	86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	On	352	348	\$563.67	\$615.07	9.1%
86052DC0400004	BlueChoice HMO Young Adult \$8,550	CATASTROPHIC	On	86052DC0400004	BlueChoice HMO Young Adult \$8,700	CATASTROPHIC	On	632	689	\$175.91	\$178.97	1.7%
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	866	899	\$351.70	\$399.74	13.7%
86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	199	196	\$660.50	\$719.83	9.0%
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	1,551	1,597	\$345.67	\$388.69	12.4%
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	GOLD	On	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	GOLD	On	150	159	\$503.68	\$554.72	10.1%

### Appendix - Maximum Rate Renewal

	2021	2022	% Change
Base Rate	\$351.70	\$399.74	13.7%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$230.01</b>	<b>\$290.61</b>	<b>26.3%</b>

	BlueChoice HMO Standard Bronze	BlueChoice HMO Standard Bronze
Base Rate/Product(s)	\$7,500	\$7,500
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

\*we did not geo rate

\*\*we did not tobacco rate

Appendix - Federal Required \$1.00 minimum for abortion

HIOS Plan ID	Plan Name	Exchange	Minimum Charge	Lowest Age Factor	Base Premium	Age Calibration	Plan Adjusted Index Rate	Admin	Catastrophic Factor	Network Factor	Non-EHB	Induced Utilization	Benefit	Market Adjusted Index Rate	Exchange User Fee	Risk Adjustment Fee	Reinsurance Factor	Index Rate	\$1 Check	Final Rate, above \$1.00
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	On	\$1.00	0.6540	\$1.53	0.9403	\$1.63	1.1050	1.0000	0.9480	1.0000	0.9635	0.6870	\$2.35	1.0000	1.5136	1.0000	\$1.55	\$1.00	\$1.55
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$1.00	0.6540	\$1.53	0.9403	\$1.63	1.1050	1.0000	0.9480	1.0000	1.0030	0.8497	\$1.83	1.0000	1.5136	1.0000	\$1.21	\$1.01	\$1.20
86052DC0400004	BlueChoice HMO Young Adult \$8,700	On	\$1.00	0.6540	\$1.53	0.9403	\$1.63	1.1050	0.4765	0.9480	1.0000	0.9280	0.5575	\$6.31	1.0000	1.5136	1.0000	\$4.17	\$1.00	\$4.17
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	On	\$1.00	0.6540	\$1.53	0.9403	\$1.63	1.1050	1.0000	0.9480	1.0000	0.9280	0.5961	\$2.81	1.0000	1.5136	1.0000	\$1.86	\$1.00	\$1.86
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$1.00	0.6540	\$1.53	0.9403	\$1.63	1.1050	1.0000	0.9480	1.0000	1.0680	0.9343	\$1.56	1.0000	1.5136	1.0000	\$1.03	\$1.00	\$1.03
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	On	\$1.00	0.6540	\$1.53	0.9403	\$1.63	1.1050	1.0000	0.9480	1.0000	0.9280	0.5795	\$2.89	1.0000	1.5136	1.0000	\$1.91	\$1.00	\$1.91
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	On	\$1.00	0.6540	\$1.53	0.9403	\$1.63	1.1050	1.0000	0.9480	1.0000	1.0030	0.7661	\$2.02	1.0000	1.5136	1.0000	\$1.33	\$1.00	\$1.33

## Appendix - Form Numbers

### Form Numbers Associated With This Filing:

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This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:  
CFBC-132821861

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#### ON-Exchange

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##### **BlueChoice HMO Standard Plans**

DC/CFBC/EXC/HMO/IEA (R. 1/20)  
DC/CFBC/DOL APPEAL (R. 1/17)  
DC/CFBC/EXC/HMO/DOCS (R. 1/20)  
DC/CFBC/EXC/2021 AMEND (1/21)  
DC/CFBC/EXC/2022 AMEND (1/22)  
DC/CFBC/EXC/HMO HSA STD/BRZ 6350 (1/22)  
DC/CFBC/EXC/HMO HSA/GOLD 1500 (1/22)  
DC/CFBC/EXC/HMO STD/BRZ 7500 (1/22)  
DC/CFBC/EXC/HMO STD/GOLD 500 (1/22)  
DC/CFBC/EXC/HMO STD/PLAT 0 (1/22)  
DC/CFBC/EXC/HMO STD/SIL 4000 (1/22)  
DC/CFBC/EXC/HMO STD/SIL 4000 A (1/22)  
DC/CFBC/EXC/HMO STD/SIL 4000 B (1/22)  
DC/CFBC/EXC/HMO STD/SIL 4000 C (1/22)  
DC/CFBC/EXC/HMO STD/NATAMER 0 (1/22)  
DC/CFBC/EXC/NATAMER (1/14)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/22)  
DC/CFBC/PT PROTECT (9/10)  
DC/CFBC/CD/HMO/INCENT (1/22)

##### **BlueChoice HMO Young Adult**

DC/CFBC/EXC/HMO/IEA (R. 1/20)  
DC/CFBC/DOL APPEAL (R. 1/17)  
DC/CFBC/EXC/HMO/DOCS (R. 1/20)  
DC/CFBC/EXC/2021 AMEND (1/21)  
DC/CFBC/EXC/2022 AMEND (1/22)  
DC/CFBC/EXC/HMO/NATAMER SOB (1/22)  
DC/CFBC/EXC/HMO/ YA 8700 SOB (1/22)  
DC/CFBC/EXC/NATAMER (1/14)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/22)  
DC/CFBC/PT PROTECT (9/10)  
DC/CFBC/CD/HMO/INCENT (1/22)

**Appendix - Experience by Service Category**

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Inpatient Hospital	\$2,750,020	\$2,534,866	\$2,534,866	\$0	Admits	218
201802	39,872	Inpatient Hospital	\$2,338,706	\$2,205,957	\$2,205,957	\$0	Admits	142
201803	39,866	Inpatient Hospital	\$2,459,094	\$2,308,139	\$2,308,139	\$0	Admits	141
201804	39,781	Inpatient Hospital	\$2,393,711	\$2,260,151	\$2,260,151	\$0	Admits	206
201805	39,765	Inpatient Hospital	\$2,538,576	\$2,409,026	\$2,409,026	\$0	Admits	175
201806	40,182	Inpatient Hospital	\$1,939,598	\$1,813,326	\$1,813,326	\$0	Admits	154
201807	40,386	Inpatient Hospital	\$3,453,146	\$3,294,196	\$3,294,162	\$0	Admits	193
201808	40,701	Inpatient Hospital	\$2,336,716	\$2,210,360	\$2,210,335	\$0	Admits	161
201809	40,326	Inpatient Hospital	\$2,392,398	\$2,247,453	\$2,247,428	\$0	Admits	165
201810	40,569	Inpatient Hospital	\$2,522,903	\$2,399,381	\$2,399,343	\$0	Admits	163
201811	40,509	Inpatient Hospital	\$3,441,919	\$3,322,532	\$3,322,389	\$0	Admits	178
201812	41,435	Inpatient Hospital	\$2,898,908	\$2,800,753	\$2,800,640	\$0	Admits	160
201901	42,431	Inpatient Hospital	\$2,627,128	\$2,483,417	\$2,483,317	\$0	Admits	169
201902	42,697	Inpatient Hospital	\$2,596,778	\$2,455,369	\$2,455,264	\$0	Admits	168
201903	42,785	Inpatient Hospital	\$2,899,298	\$2,806,348	\$2,806,226	\$0	Admits	169
201904	43,042	Inpatient Hospital	\$3,070,981	\$2,976,677	\$2,976,353	\$0	Admits	168
201905	43,059	Inpatient Hospital	\$3,503,047	\$3,351,243	\$3,350,387	\$0	Admits	176
201906	43,048	Inpatient Hospital	\$2,671,575	\$2,555,166	\$2,554,128	\$0	Admits	173
201907	43,084	Inpatient Hospital	\$3,158,110	\$3,006,092	\$3,004,854	\$0	Admits	177
201908	43,062	Inpatient Hospital	\$4,444,003	\$4,325,717	\$4,323,833	\$0	Admits	200
201909	43,164	Inpatient Hospital	\$4,042,772	\$3,940,202	\$3,937,804	\$0	Admits	171
201910	43,245	Inpatient Hospital	\$4,881,895	\$4,754,712	\$4,751,481	\$0	Admits	202
201911	43,257	Inpatient Hospital	\$2,669,906	\$2,557,005	\$2,554,790	\$0	Admits	188
201912	43,625	Inpatient Hospital	\$2,970,435	\$2,845,054	\$2,842,134	\$0	Admits	184
202001	44,512	Inpatient Hospital	\$3,048,112	\$2,884,441	\$2,880,597	\$0	Admits	190
202002	44,747	Inpatient Hospital	\$2,537,164	\$2,449,342	\$2,446,006	\$0	Admits	161
202003	45,242	Inpatient Hospital	\$2,645,833	\$2,536,771	\$2,531,592	\$0	Admits	157
202004	45,528	Inpatient Hospital	\$2,215,192	\$2,149,862	\$2,143,767	\$0	Admits	163
202005	45,537	Inpatient Hospital	\$3,271,801	\$3,194,967	\$3,183,590	\$0	Admits	213
202006	45,654	Inpatient Hospital	\$2,649,257	\$2,574,550	\$2,558,771	\$0	Admits	164
202007	45,693	Inpatient Hospital	\$5,746,731	\$5,663,988	\$5,616,610	\$0	Admits	149
202008	45,568	Inpatient Hospital	\$3,214,567	\$3,120,798	\$3,079,661	\$0	Admits	169
202009	45,879	Inpatient Hospital	\$3,410,917	\$3,300,371	\$3,236,553	\$0	Admits	167
202010	45,963	Inpatient Hospital	\$3,625,237	\$3,525,243	\$3,422,079	\$0	Admits	183
202011	46,151	Inpatient Hospital	\$3,074,782	\$2,938,726	\$2,792,896	\$0	Admits	182
202012	46,669	Inpatient Hospital	\$2,699,586	\$2,584,425	\$2,355,482	\$0	Admits	169
202101	46,744	Inpatient Hospital	\$2,251,702	\$2,112,252	\$1,762,217	\$0	Admits	143
202102	47,000	Inpatient Hospital	\$1,058,969	\$971,138	\$321,027	\$0	Admits	70

**Appendix - Experience by Service Category**

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Outpatient Hospital	\$2,818,341	\$2,279,508	\$2,279,508	\$0	Visits	2,631
201802	39,872	Outpatient Hospital	\$2,549,909	\$2,070,378	\$2,070,378	\$0	Visits	2,342
201803	39,866	Outpatient Hospital	\$2,900,619	\$2,496,251	\$2,496,251	\$0	Visits	2,468
201804	39,781	Outpatient Hospital	\$2,834,556	\$2,361,046	\$2,361,046	\$0	Visits	2,470
201805	39,765	Outpatient Hospital	\$2,653,557	\$2,204,203	\$2,204,203	\$0	Visits	2,522
201806	40,182	Outpatient Hospital	\$2,825,172	\$2,402,845	\$2,402,845	\$0	Visits	2,518
201807	40,386	Outpatient Hospital	\$2,685,135	\$2,286,583	\$2,286,556	\$0	Visits	2,443
201808	40,701	Outpatient Hospital	\$2,765,591	\$2,361,236	\$2,361,209	\$0	Visits	2,414
201809	40,326	Outpatient Hospital	\$2,418,449	\$2,044,141	\$2,044,118	\$0	Visits	2,305
201810	40,569	Outpatient Hospital	\$3,440,272	\$2,998,307	\$2,998,259	\$0	Visits	2,708
201811	40,509	Outpatient Hospital	\$2,923,766	\$2,477,612	\$2,477,513	\$0	Visits	2,494
201812	41,435	Outpatient Hospital	\$3,215,797	\$2,737,227	\$2,737,115	\$0	Visits	2,577
201901	42,431	Outpatient Hospital	\$3,445,541	\$2,891,575	\$2,891,452	\$0	Visits	2,764
201902	42,697	Outpatient Hospital	\$3,005,614	\$2,530,573	\$2,530,469	\$0	Visits	2,414
201903	42,785	Outpatient Hospital	\$3,019,306	\$2,488,942	\$2,488,839	\$0	Visits	2,787
201904	43,042	Outpatient Hospital	\$3,644,128	\$3,125,620	\$3,125,281	\$0	Visits	2,954
201905	43,059	Outpatient Hospital	\$3,202,393	\$2,674,199	\$2,673,526	\$0	Visits	2,848
201906	43,048	Outpatient Hospital	\$2,808,219	\$2,351,167	\$2,350,213	\$0	Visits	2,579
201907	43,084	Outpatient Hospital	\$3,054,933	\$2,591,743	\$2,590,667	\$0	Visits	2,613
201908	43,062	Outpatient Hospital	\$3,161,829	\$2,671,175	\$2,670,015	\$0	Visits	2,642
201909	43,164	Outpatient Hospital	\$3,012,668	\$2,560,964	\$2,559,420	\$0	Visits	2,493
201910	43,245	Outpatient Hospital	\$3,535,486	\$3,029,116	\$3,027,076	\$0	Visits	2,842
201911	43,257	Outpatient Hospital	\$3,278,645	\$2,798,212	\$2,795,812	\$0	Visits	2,310
201912	43,625	Outpatient Hospital	\$3,804,497	\$3,245,003	\$3,241,673	\$0	Visits	2,282
202001	44,512	Outpatient Hospital	\$3,462,323	\$2,857,417	\$2,853,672	\$0	Visits	2,186
202002	44,747	Outpatient Hospital	\$3,224,818	\$2,685,698	\$2,681,954	\$0	Visits	2,127
202003	45,242	Outpatient Hospital	\$2,803,743	\$2,394,724	\$2,389,746	\$0	Visits	1,911
202004	45,528	Outpatient Hospital	\$1,788,755	\$1,606,842	\$1,602,296	\$0	Visits	1,115
202005	45,537	Outpatient Hospital	\$2,426,082	\$2,165,160	\$2,157,329	\$0	Visits	1,460
202006	45,654	Outpatient Hospital	\$3,726,821	\$3,350,951	\$3,330,435	\$0	Visits	1,991
202007	45,693	Outpatient Hospital	\$3,512,259	\$3,062,712	\$3,037,027	\$0	Visits	2,194
202008	45,568	Outpatient Hospital	\$3,532,338	\$3,109,232	\$3,067,856	\$0	Visits	2,276
202009	45,879	Outpatient Hospital	\$4,141,397	\$3,673,389	\$3,602,431	\$0	Visits	2,499
202010	45,963	Outpatient Hospital	\$3,852,042	\$3,406,630	\$3,306,327	\$0	Visits	2,635
202011	46,151	Outpatient Hospital	\$3,600,300	\$3,176,849	\$3,019,253	\$0	Visits	2,539
202012	46,669	Outpatient Hospital	\$4,244,741	\$3,714,305	\$3,382,229	\$0	Visits	2,827
202101	46,744	Outpatient Hospital	\$3,621,762	\$3,046,971	\$2,545,611	\$0	Visits	2,624
202102	47,000	Outpatient Hospital	\$4,393,201	\$3,731,945	\$1,233,029	\$0	Visits	2,838

**Appendix - Experience by Service Category**

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Professional	\$5,733,558	\$4,276,304	\$4,276,304	\$0	Visits	37,680
201802	39,872	Professional	\$4,967,675	\$3,774,412	\$3,774,412	\$0	Visits	32,972
201803	39,866	Professional	\$5,315,562	\$4,093,272	\$4,093,272	\$0	Visits	34,630
201804	39,781	Professional	\$5,138,318	\$3,973,263	\$3,973,263	\$0	Visits	34,217
201805	39,765	Professional	\$5,383,091	\$4,206,747	\$4,206,747	\$0	Visits	35,395
201806	40,182	Professional	\$5,478,434	\$4,343,971	\$4,343,971	\$0	Visits	34,059
201807	40,386	Professional	\$5,187,514	\$4,112,987	\$4,112,951	\$0	Visits	33,601
201808	40,701	Professional	\$5,619,069	\$4,436,647	\$4,436,608	\$0	Visits	36,436
201809	40,326	Professional	\$4,932,477	\$3,868,122	\$3,868,090	\$0	Visits	33,488
201810	40,569	Professional	\$6,089,720	\$4,831,800	\$4,831,732	\$0	Visits	41,929
201811	40,509	Professional	\$5,520,805	\$4,384,951	\$4,384,773	\$0	Visits	36,621
201812	41,435	Professional	\$5,270,344	\$4,058,775	\$4,058,611	\$0	Visits	33,202
201901	42,431	Professional	\$6,524,772	\$4,901,066	\$4,900,862	\$0	Visits	42,032
201902	42,697	Professional	\$5,552,570	\$4,240,781	\$4,240,607	\$0	Visits	36,068
201903	42,785	Professional	\$6,037,385	\$4,613,722	\$4,613,530	\$0	Visits	40,331
201904	43,042	Professional	\$6,127,339	\$4,752,108	\$4,751,593	\$0	Visits	40,101
201905	43,059	Professional	\$6,086,735	\$4,755,465	\$4,754,261	\$0	Visits	40,985
201906	43,048	Professional	\$5,739,638	\$4,463,267	\$4,461,456	\$0	Visits	37,236
201907	43,084	Professional	\$6,109,408	\$4,769,069	\$4,767,089	\$0	Visits	39,545
201908	43,062	Professional	\$6,229,941	\$4,953,055	\$4,950,905	\$0	Visits	40,417
201909	43,164	Professional	\$6,035,839	\$4,797,402	\$4,794,506	\$0	Visits	39,892
201910	43,245	Professional	\$7,122,927	\$5,736,365	\$5,732,474	\$0	Visits	47,059
201911	43,257	Professional	\$6,112,660	\$4,860,708	\$4,856,535	\$0	Visits	40,500
201912	43,625	Professional	\$6,135,809	\$4,745,630	\$4,740,807	\$0	Visits	38,579
202001	44,512	Professional	\$6,988,216	\$5,230,091	\$5,223,269	\$0	Visits	46,733
202002	44,747	Professional	\$6,368,130	\$4,863,567	\$4,856,928	\$0	Visits	41,321
202003	45,242	Professional	\$5,429,581	\$4,258,214	\$4,249,436	\$0	Visits	35,416
202004	45,528	Professional	\$3,498,161	\$2,970,398	\$2,961,962	\$0	Visits	25,086
202005	45,537	Professional	\$4,483,214	\$3,772,854	\$3,759,220	\$0	Visits	29,953
202006	45,654	Professional	\$5,991,081	\$5,005,435	\$4,974,612	\$0	Visits	39,924
202007	45,693	Professional	\$6,606,445	\$5,475,875	\$5,430,120	\$0	Visits	43,606
202008	45,568	Professional	\$6,659,123	\$5,373,099	\$5,301,252	\$0	Visits	43,833
202009	45,879	Professional	\$7,301,571	\$5,921,721	\$5,807,377	\$0	Visits	50,688
202010	45,963	Professional	\$8,053,144	\$6,625,024	\$6,430,033	\$0	Visits	56,330
202011	46,151	Professional	\$7,523,899	\$6,176,876	\$5,870,065	\$0	Visits	51,258
202012	46,669	Professional	\$7,824,908	\$6,290,919	\$5,731,297	\$0	Visits	53,074
202101	46,744	Professional	\$7,337,472	\$5,798,019	\$4,838,034	\$0	Visits	50,228
202102	47,000	Professional	\$8,838,527	\$6,863,651	\$2,258,706	\$0	Visits	63,763

**Appendix - Experience by Service Category**

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Other Medical	\$914,987	\$805,624	\$805,624	\$0	Services	4,005
201802	39,872	Other Medical	\$811,577	\$714,543	\$714,543	\$0	Services	3,823
201803	39,866	Other Medical	\$969,357	\$876,443	\$876,443	\$0	Services	4,298
201804	39,781	Other Medical	\$880,796	\$795,045	\$795,045	\$0	Services	4,307
201805	39,765	Other Medical	\$929,974	\$849,983	\$849,983	\$0	Services	4,089
201806	40,182	Other Medical	\$1,010,873	\$915,249	\$915,249	\$0	Services	4,415
201807	40,386	Other Medical	\$978,850	\$891,423	\$891,413	\$0	Services	4,229
201808	40,701	Other Medical	\$1,088,508	\$994,126	\$994,116	\$0	Services	4,813
201809	40,326	Other Medical	\$1,089,362	\$1,005,099	\$1,005,088	\$0	Services	4,008
201810	40,569	Other Medical	\$1,120,483	\$1,029,626	\$1,029,610	\$0	Services	4,789
201811	40,509	Other Medical	\$1,121,835	\$1,022,317	\$1,022,275	\$0	Services	4,481
201812	41,435	Other Medical	\$915,529	\$795,699	\$795,667	\$0	Services	4,236
201901	42,431	Other Medical	\$1,127,562	\$989,748	\$989,706	\$0	Services	4,699
201902	42,697	Other Medical	\$1,065,434	\$942,210	\$942,170	\$0	Services	3,986
201903	42,785	Other Medical	\$1,240,925	\$1,144,432	\$1,144,384	\$0	Services	4,459
201904	43,042	Other Medical	\$1,204,428	\$1,103,698	\$1,103,578	\$0	Services	5,085
201905	43,059	Other Medical	\$1,243,713	\$1,133,557	\$1,133,269	\$0	Services	4,865
201906	43,048	Other Medical	\$1,012,866	\$908,050	\$907,681	\$0	Services	4,587
201907	43,084	Other Medical	\$1,081,159	\$962,512	\$962,116	\$0	Services	4,691
201908	43,062	Other Medical	\$1,193,620	\$1,087,089	\$1,086,619	\$0	Services	5,140
201909	43,164	Other Medical	\$1,011,124	\$920,638	\$920,092	\$0	Services	3,984
201910	43,245	Other Medical	\$1,200,352	\$1,109,228	\$1,108,486	\$0	Services	4,300
201911	43,257	Other Medical	\$1,072,370	\$999,594	\$998,745	\$0	Services	2,964
201912	43,625	Other Medical	\$1,030,759	\$902,955	\$902,038	\$0	Services	3,448
202001	44,512	Other Medical	\$1,165,999	\$1,029,772	\$1,028,425	\$0	Services	4,714
202002	44,747	Other Medical	\$961,681	\$841,674	\$840,546	\$0	Services	4,284
202003	45,242	Other Medical	\$1,107,133	\$1,016,134	\$1,014,030	\$0	Services	3,534
202004	45,528	Other Medical	\$955,302	\$879,444	\$876,958	\$0	Services	2,533
202005	45,537	Other Medical	\$1,004,070	\$925,081	\$921,773	\$0	Services	3,069
202006	45,654	Other Medical	\$1,050,533	\$945,587	\$939,776	\$0	Services	4,625
202007	45,693	Other Medical	\$1,294,740	\$1,166,879	\$1,157,098	\$0	Services	4,933
202008	45,568	Other Medical	\$1,036,741	\$954,748	\$941,996	\$0	Services	4,712
202009	45,879	Other Medical	\$1,263,602	\$1,166,574	\$1,144,103	\$0	Services	5,189
202010	45,963	Other Medical	\$1,315,963	\$1,192,273	\$1,157,179	\$0	Services	5,086
202011	46,151	Other Medical	\$1,176,664	\$1,088,913	\$1,034,279	\$0	Services	3,736
202012	46,669	Other Medical	\$1,331,407	\$1,176,775	\$1,071,996	\$0	Services	4,470
202101	46,744	Other Medical	\$1,241,809	\$1,105,136	\$922,295	\$0	Services	4,050
202102	47,000	Other Medical	\$1,482,503	\$1,336,643	\$439,338	\$0	Services	5,655

**Appendix - Experience by Service Category**

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Prescription Drug	\$4,585,740	\$4,000,316	\$4,000,316	\$713,774	Scripts	27,343
201802	39,872	Prescription Drug	\$4,282,079	\$3,796,547	\$3,796,547	\$686,225	Scripts	24,444
201803	39,866	Prescription Drug	\$4,634,452	\$4,171,486	\$4,171,486	\$752,289	Scripts	26,304
201804	39,781	Prescription Drug	\$4,375,156	\$3,957,156	\$3,957,156	\$706,440	Scripts	25,576
201805	39,765	Prescription Drug	\$4,893,244	\$4,461,787	\$4,461,787	\$753,405	Scripts	26,537
201806	40,182	Prescription Drug	\$4,804,034	\$4,391,795	\$4,391,795	\$727,311	Scripts	25,881
201807	40,386	Prescription Drug	\$4,647,033	\$4,237,274	\$4,237,274	\$708,354	Scripts	25,658
201808	40,701	Prescription Drug	\$4,888,518	\$4,469,762	\$4,469,762	\$726,093	Scripts	26,612
201809	40,326	Prescription Drug	\$4,139,279	\$3,751,689	\$3,751,689	\$649,018	Scripts	24,101
201810	40,569	Prescription Drug	\$4,779,452	\$4,341,165	\$4,341,165	\$671,982	Scripts	27,459
201811	40,509	Prescription Drug	\$4,606,021	\$4,184,278	\$4,184,278	\$637,965	Scripts	26,118
201812	41,435	Prescription Drug	\$4,480,008	\$3,955,716	\$3,955,716	\$579,030	Scripts	26,539
201901	42,431	Prescription Drug	\$4,843,513	\$4,196,786	\$4,196,786	\$783,444	Scripts	28,072
201902	42,697	Prescription Drug	\$4,309,952	\$3,836,753	\$3,836,753	\$738,206	Scripts	25,341
201903	42,785	Prescription Drug	\$4,768,969	\$4,285,847	\$4,285,847	\$842,356	Scripts	27,892
201904	43,042	Prescription Drug	\$4,983,142	\$4,541,359	\$4,541,359	\$871,470	Scripts	27,946
201905	43,059	Prescription Drug	\$5,020,993	\$4,618,248	\$4,618,248	\$868,821	Scripts	28,470
201906	43,048	Prescription Drug	\$4,583,985	\$4,231,671	\$4,231,671	\$831,678	Scripts	26,248
201907	43,084	Prescription Drug	\$5,189,692	\$4,778,613	\$4,778,613	\$934,636	Scripts	27,677
201908	43,062	Prescription Drug	\$4,929,733	\$4,527,908	\$4,527,908	\$917,150	Scripts	27,330
201909	43,164	Prescription Drug	\$4,872,429	\$4,483,208	\$4,483,208	\$886,715	Scripts	26,000
201910	43,245	Prescription Drug	\$5,174,818	\$4,762,945	\$4,762,945	\$942,440	Scripts	28,120
201911	43,257	Prescription Drug	\$4,606,746	\$4,239,940	\$4,239,940	\$877,167	Scripts	26,575
201912	43,625	Prescription Drug	\$5,359,664	\$4,791,154	\$4,791,154	\$934,566	Scripts	28,750
202001	44,512	Prescription Drug	\$4,843,211	\$4,114,927	\$4,114,927	\$835,162	Scripts	29,813
202002	44,747	Prescription Drug	\$4,872,992	\$4,330,754	\$4,330,754	\$896,455	Scripts	28,114
202003	45,242	Prescription Drug	\$5,822,306	\$5,232,424	\$5,232,424	\$1,124,078	Scripts	31,820
202004	45,528	Prescription Drug	\$5,257,521	\$4,816,572	\$4,816,572	\$1,073,416	Scripts	24,443
202005	45,537	Prescription Drug	\$5,141,291	\$4,725,425	\$4,725,425	\$1,019,474	Scripts	24,651
202006	45,654	Prescription Drug	\$5,359,915	\$4,925,191	\$4,925,191	\$1,099,101	Scripts	26,054
202007	45,693	Prescription Drug	\$5,517,610	\$5,053,715	\$5,053,715	\$1,061,385	Scripts	26,503
202008	45,568	Prescription Drug	\$5,244,165	\$4,835,680	\$4,835,680	\$1,030,045	Scripts	25,956
202009	45,879	Prescription Drug	\$5,206,401	\$4,779,009	\$4,779,009	\$1,033,328	Scripts	26,416
202010	45,963	Prescription Drug	\$5,859,961	\$5,395,314	\$5,395,314	\$1,108,966	Scripts	27,001
202011	46,151	Prescription Drug	\$5,136,781	\$4,715,255	\$4,715,255	\$1,066,811	Scripts	25,413
202012	46,669	Prescription Drug	\$5,491,159	\$4,912,834	\$4,912,834	\$1,075,101	Scripts	27,747
202101	46,744	Prescription Drug	\$5,297,047	\$4,627,989	\$4,627,989	\$1,142,132	Scripts	27,082
202102	47,000	Prescription Drug	\$5,259,627	\$4,702,961	\$4,702,961	\$1,167,154	Scripts	27,305

**Appendix - Experience by Service Category**

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Capitations	\$32,394	\$32,394	\$32,394	\$0	Benefit Period	39,818
201802	39,872	Capitations	\$32,237	\$32,237	\$32,237	\$0	Benefit Period	39,872
201803	39,866	Capitations	\$32,196	\$32,196	\$32,196	\$0	Benefit Period	39,866
201804	39,781	Capitations	\$31,906	\$31,906	\$31,906	\$0	Benefit Period	39,781
201805	39,765	Capitations	\$31,534	\$31,534	\$31,534	\$0	Benefit Period	39,765
201806	40,182	Capitations	\$31,640	\$31,640	\$31,640	\$0	Benefit Period	40,182
201807	40,386	Capitations	\$31,641	\$31,641	\$31,641	\$0	Benefit Period	40,386
201808	40,701	Capitations	\$31,708	\$31,708	\$31,708	\$0	Benefit Period	40,701
201809	40,326	Capitations	\$31,177	\$31,177	\$31,177	\$0	Benefit Period	40,326
201810	40,569	Capitations	\$31,079	\$31,079	\$31,079	\$0	Benefit Period	40,569
201811	40,509	Capitations	\$30,721	\$30,721	\$30,721	\$0	Benefit Period	40,509
201812	41,435	Capitations	\$31,011	\$31,011	\$31,011	\$0	Benefit Period	41,435
201901	42,431	Capitations	\$42,766	\$42,766	\$42,766	\$0	Benefit Period	42,431
201902	42,697	Capitations	\$42,879	\$42,879	\$42,879	\$0	Benefit Period	42,697
201903	42,785	Capitations	\$43,039	\$43,039	\$43,039	\$0	Benefit Period	42,785
201904	43,042	Capitations	\$43,218	\$43,218	\$43,218	\$0	Benefit Period	43,042
201905	43,059	Capitations	\$42,971	\$42,971	\$42,971	\$0	Benefit Period	43,059
201906	43,048	Capitations	\$42,785	\$42,785	\$42,785	\$0	Benefit Period	43,048
201907	43,084	Capitations	\$42,697	\$42,697	\$42,697	\$0	Benefit Period	43,084
201908	43,062	Capitations	\$42,638	\$42,638	\$42,638	\$0	Benefit Period	43,062
201909	43,164	Capitations	\$42,684	\$42,684	\$42,684	\$0	Benefit Period	43,164
201910	43,245	Capitations	\$42,588	\$42,588	\$42,588	\$0	Benefit Period	43,245
201911	43,257	Capitations	\$42,386	\$42,386	\$42,386	\$0	Benefit Period	43,257
201912	43,625	Capitations	\$42,492	\$42,492	\$42,492	\$0	Benefit Period	43,625
202001	44,512	Capitations	\$45,810	\$45,810	\$45,810	\$0	Benefit Period	44,512
202002	44,747	Capitations	\$45,974	\$45,974	\$45,974	\$0	Benefit Period	44,747
202003	45,242	Capitations	\$48,135	\$48,135	\$48,135	\$0	Benefit Period	45,242
202004	45,528	Capitations	\$47,914	\$47,914	\$47,914	\$0	Benefit Period	45,528
202005	45,537	Capitations	\$47,214	\$47,214	\$47,214	\$0	Benefit Period	45,537
202006	45,654	Capitations	\$46,614	\$46,614	\$46,614	\$0	Benefit Period	45,654
202007	45,693	Capitations	\$47,435	\$47,435	\$47,435	\$0	Benefit Period	45,693
202008	45,568	Capitations	\$46,582	\$46,582	\$46,582	\$0	Benefit Period	45,568
202009	45,879	Capitations	\$46,853	\$46,853	\$46,853	\$0	Benefit Period	45,879
202010	45,963	Capitations	\$46,867	\$46,867	\$46,867	\$0	Benefit Period	45,963
202011	46,151	Capitations	\$46,919	\$46,919	\$46,919	\$0	Benefit Period	46,151
202012	46,669	Capitations	\$47,263	\$47,263	\$47,263	\$0	Benefit Period	46,669
202101	46,744	Capitations	\$47,598	\$47,598	\$47,598	\$0	Benefit Period	46,744
202102	47,000	Capitations	\$47,848	\$47,848	\$47,848	\$0	Benefit Period	47,000

### Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Post-Rx Rebate Ultimate Incurred	Premium	Loss Ratio
201801	39,818	25,624	\$16,835,039	\$713,774	\$16,121,266	\$13,215,238	\$16,839,307	78.5%
201802	39,872	25,653	\$14,982,183	\$686,225	\$14,295,957	\$11,907,849	\$17,129,525	69.5%
201803	39,866	25,659	\$16,311,280	\$752,289	\$15,558,991	\$13,225,498	\$17,123,092	77.2%
201804	39,781	25,616	\$15,654,443	\$706,440	\$14,948,003	\$12,672,128	\$17,153,206	73.9%
201805	39,765	25,544	\$16,429,977	\$753,405	\$15,676,572	\$13,409,875	\$17,178,140	78.1%
201806	40,182	25,708	\$16,089,750	\$727,311	\$15,362,439	\$13,171,514	\$17,489,965	75.3%
201807	40,386	25,747	\$16,983,318	\$708,354	\$16,274,963	\$14,145,749	\$17,616,363	80.3%
201808	40,701	25,903	\$16,730,110	\$726,093	\$16,004,017	\$13,777,747	\$17,729,251	77.7%
201809	40,326	25,672	\$15,003,141	\$649,018	\$14,354,123	\$12,298,663	\$17,640,328	69.7%
201810	40,569	25,807	\$17,983,908	\$671,982	\$17,311,926	\$14,959,376	\$17,768,763	84.2%
201811	40,509	25,772	\$17,645,067	\$637,965	\$17,007,101	\$14,784,446	\$17,899,480	82.6%
201812	41,435	26,200	\$16,811,598	\$579,030	\$16,232,567	\$13,800,151	\$18,368,693	75.1%
201901	42,431	27,057	\$18,611,280	\$783,444	\$17,827,836	\$14,721,912	\$19,086,966	77.1%
201902	42,697	27,248	\$16,573,225	\$738,206	\$15,835,019	\$13,310,359	\$19,190,936	69.4%
201903	42,785	27,336	\$18,008,923	\$842,356	\$17,166,567	\$14,539,974	\$19,239,216	75.6%
201904	43,042	27,499	\$19,073,236	\$871,470	\$18,201,766	\$15,671,209	\$19,417,302	80.7%
201905	43,059	27,487	\$19,099,852	\$868,821	\$18,231,031	\$15,706,863	\$19,393,108	81.0%
201906	43,048	27,412	\$16,859,068	\$831,678	\$16,027,390	\$13,720,429	\$19,533,286	70.2%
201907	43,084	27,405	\$18,635,997	\$934,636	\$17,701,362	\$15,216,090	\$19,530,102	77.9%
201908	43,062	27,415	\$20,001,764	\$917,150	\$19,084,614	\$16,690,431	\$19,613,456	85.1%
201909	43,164	27,441	\$19,017,517	\$886,715	\$18,130,802	\$15,858,383	\$19,638,603	80.8%
201910	43,245	27,477	\$21,958,066	\$942,440	\$21,015,626	\$18,492,514	\$19,759,878	93.6%
201911	43,257	27,468	\$17,782,713	\$877,167	\$16,905,546	\$14,620,678	\$19,877,588	73.6%
201912	43,625	27,621	\$19,343,655	\$934,566	\$18,409,089	\$15,637,721	\$20,361,375	76.8%
202001	44,512	28,404	\$19,553,672	\$835,162	\$18,718,510	\$15,327,295	\$21,135,459	72.5%
202002	44,747	28,555	\$18,010,759	\$896,455	\$17,114,304	\$14,320,554	\$21,363,741	67.0%
202003	45,242	28,881	\$17,856,731	\$1,124,078	\$16,732,653	\$14,362,324	\$21,599,062	66.5%
202004	45,528	29,103	\$13,762,845	\$1,073,416	\$12,689,428	\$11,397,616	\$21,728,967	52.5%
202005	45,537	29,061	\$16,373,671	\$1,019,474	\$15,354,197	\$13,811,225	\$21,744,850	63.5%
202006	45,654	29,117	\$18,824,219	\$1,099,101	\$17,725,118	\$15,749,227	\$22,121,934	71.2%
202007	45,693	29,120	\$22,725,220	\$1,061,385	\$21,663,835	\$19,409,218	\$22,237,369	87.3%
202008	45,568	29,052	\$19,733,516	\$1,030,045	\$18,703,471	\$16,410,094	\$22,239,333	73.8%
202009	45,879	29,177	\$21,370,741	\$1,033,328	\$20,337,412	\$17,854,588	\$19,609,783	91.0%
202010	45,963	29,204	\$22,753,213	\$1,108,966	\$21,644,248	\$19,082,386	\$22,577,359	84.5%
202011	46,151	29,257	\$20,559,344	\$1,066,811	\$19,492,533	\$17,076,727	\$22,552,221	75.7%
202012	46,669	29,491	\$21,639,064	\$1,075,101	\$20,563,963	\$17,651,420	\$23,435,206	75.3%
202101	46,744	29,682	\$19,797,390	\$1,142,132	\$18,655,258	\$15,595,834	\$23,505,909	66.3%
202102	47,000	29,871	\$21,080,675	\$1,167,154	\$19,913,521	\$16,487,033	\$23,580,062	69.9%

# CareFirst BlueCross BlueShield

## Part III Actuarial Memorandum

### 4.1 Redacted Actuarial Memorandum

CareFirst is making no redactions so both Actuarial Memorandum submissions are the same.

### 4.2 General Information Section

#### Company Identifying Information:

- **Company Legal Name:** CareFirst BlueChoice, Inc. (CFBC) - NAIC # 96202
- **State:** District of Columbia
- **HIOS Issuer ID:** 86052
- **Market:** Individual, Non-Medigap (On Exchange)
- **Effective Date:** 1/1/22 – 12/31/22
- **Company Filing Number:** 2567
- **SERFF Filing Number:** CFAP-132808793

#### Company Contact Information:

- **Primary Contact Name:** Mr. Cory Bream, ASA, MAAA
- **Primary Contact Telephone Number:** 410-998-5308
- **Primary Contact E-Mail Address:** Cory.Bream@CareFirst.com

### 4.3 Proposed Rate Changes (Individual market)

Base rates are changing 11.3% on average. The range is 1.7% to 13.7%. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metale benefit plans. The number of policyholders affected by this rate change is 4,401.

At this time, the proposed rates in this filing do not consider the possible impact of items including, but not limited to, the list below:

- 1) Expansion of APTC subsidies
- 2) Exacerbation of chronic morbidity due to the pandemic
- 3) Future vaccine or testing expenses not offset by deferred care

#### Reason for Rate Change(s):

The main drivers supporting the rate change are 1) decrease in the base period claims experience of the combined pool, 2) trend, including an additional catch up factor to account for depressed claims costs in the base period due to the pandemic, and 3) higher projected risk adjustment factor.

### 4.4 Market Experience (Combined Individual/Small Group market)

Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

#### 4.4.1 Experience and Current Period Premium, Claims, and Enrollment

The incurred period is 1/1/20 through 12/31/20, as required.

**Paid Through Date:** 2/28/21

**Current Date:** 2/28/21

**Premiums (prior to MLR rebates) in Experience Period:** \$262,345,283

**Experience Period Member Months:** 547,143

**Current Date Members:** 47,000

#### **Allowed and Incurred Claims Incurred During the Experience Period**

##### **Allowed Claims**

- **Processed through issuer's claim system:** \$217,189,130
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$3,550,541

##### **Incurred Claims**

- **Processed through issuer's claim system:** \$189,376,935
- **Processed outside issuer's claim system:** \$0
- **IBNR:** \$3,075,738

#### **Method used for determining Allowed Claims**

The allowed claims come directly from our claim records and account for capitations by applying contracted PMPM amounts directly to enrollment from the experience period. Drug rebates from the experience period are also included.

#### **Support for IBNR estimates**

Our estimates of IBNR paid claims were derived using a "chain and ladder" model based on the most recent 36 months to derive the completion factor and IBNR for each incurred month. Estimates of IBNR allowed claims were derived using the same completion factors as those estimated based on paid claims.

#### **4.4.2 Benefit Categories**

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

#### **4.4.3 Projection Factors**

##### *4.4.3.1 Trend Factors*

#### **Trend Factors (Cost/Utilization):**

Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. Unit cost and utilization trends were set by service category to produce the overall anticipated 5.5% baseline trend, which is a decrease compared to the 6.0% trend assumed in our prior filing. On top of the 5.5% baseline trend, we have included a 0.5% adjustment to account for additional anticipated costs due to deferred preventive care in 2020. Lastly, we have included a one-time Covid catch up factor of 6.0% to account for a return to normal care levels compared to the depressed utilization in 2020 due to the unavailability of care during the pandemic. The resulting composite annualized trend assumed in this filing is 9.1%. Current observed medical trends as of 202012 are -3.9%, down from 9.3% in 201912. Current observed drug trends are 2.6% as of 202012, up from -0.5% in 201912. The composite medical and drug trend is -2.2% as of 202012, down from 6.5% in 201912. We note that current observed trend levels are depressed due to the pandemic and that future trends are expected to be much higher with all factors considered. The aggregate medical and drug observed trend as of 202012, adjusted for the COVID catch up factor, is estimated to be 3.7%.

When normalized for induced demand, network, and demographics, the composite -2.2% and 6.5% observed trends become -2.8% and 6.5%, respectively. When adjusted for the COVID catch up factor, the observed trend as of 202012 becomes 3.0%.

Using the proposed trend factor, in combination with other assumptions such as morbidity, etc., the annualized allowed PMPM change between 2022 and 2020 represented in this filing is 9.3%. Excluding the impact of the COVID catch up adjustment, the annualized allowed PMPM change between 2022 and 2020 is 6.0%. Given all of the factors, and the result of our projection factors in the aggregate, we believe that a 5.5% assumed force of trend is reasonable.

#### *4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM*

##### **Morbidity Adjustment:**

Exhibit 4 in our memorandum contains support for this adjustment. To measure the projected morbidity of our population, we split our projected population into cohorts defined by metal tier and membership type. Membership type is defined as new member, existing member, or transfer from other lines of business. Consistent with the rules in the 2022 Unified Rate Review Instructions, we began our morbidity projection by normalizing allowed claims for each of the cohorts outlined above for projected changes in age, gender, network and induced utilization.

We have not reflected any morbidity adjustments to the base period normalized allowed PMPMs by metal tier for the existing and transfer membership types. Exhibit 4 demonstrates how these PMPMs are unchanged from the current year YTD to remainder of current year. For the new membership type we have assumed a claims PMPM by metal equal to that of the existing members.

The resulting morbidity calculation is completed in steps split by year:

- Once the remainder of current year (2021) is completed, the membership and claims by metal are combined to derive a total estimate for the year.
- This result carries over to the rating year (2022) as the metal specific normalized PMPMs for the existing members.
- The assumed claims PMPMs by metal for the new members are again assumed to equal those for the existing members.
- Transfer members PMPMs are treated separately and reflect base period amounts projected forward. Our projection factor for these members is 1.000.
- Once these PMPMs are set, the final morbidity calculation is driven by the projected member months at these levels.

The total morbidity change from 2020 to 2022 is expected to be -1.8%, which is the factor used in Exhibit 1 in the calculation of the market adjustment index rate.

##### **Demographic Shift:**

Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods. Our methodology measures the change in average demographic factor between the base and rating periods. The demographic factors used are from an internal age/gender curve with an approximate 4.5:1 ratio (age 64+ to age 21 factors). Factors for both time periods are weighted using member months and the ratio of the two is applied as our market level adjustment.

##### **Plan Design Changes:**

Exhibit 5 in the Memorandum details our support for this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience and projection periods. Our methodology measures the change in the average induced utilization factor between the base and rating periods. The factors used are the metal level factors from the federal risk adjustment program. Once the average internal pricing AV, weighted by member months, is determined for both the experience and rating periods the linearly interpolated factor is determined. The ratio of these two factors is applied as our market level adjustment.

##### **Other Adjustments:**

Exhibit 7 in the Memorandum details our support for these adjustments. We are proposing additional other adjustments for changes to our capitation fees and drug rebates.

#### *4.4.3.3 Manual Rate Adjustments*

Not applicable, as experience was determined to be fully credible.

#### *4.4.3.4 Credibility of Experience*

Exhibit 2 in the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.

#### *4.4.3.5 Establishing the Index Rate*

The experience period index rate for this filing is \$403.13 and the projection period index rate is \$481.77. Both rates and the adjustments made to develop the projected amount from the experience period amount can be found on Exhibit 1 of the Memorandum. Specifically, these adjustments correspond to those outlined in sections 4.4.3.1 and 4.4.3.2.

#### *4.4.3.6 Development of the Market-wide Adjusted Index Rate*

The Market-wide Adjusted Index Rate for the Individual market is \$729.21 and is derived by multiplying the projection period index rate with the market level adjustments for the risk adjustment program. Details for the risk adjustment program can be found below.

### **Reinsurance**

There are no reinsurance recoveries applicable to this market.

### **Risk Adjustment Payment/Charge:**

The Experience Period Risk Adjustment transfers in the URRT are based on the most recently Wakely results.

Our projected 2022 risk adjustment transfers, found in Exhibit 9, have been calculated consistent with our membership and morbidity projections found elsewhere in this filing. To project the risk adjustment factors from 2020 to 2022, we have assumed an increase in the statewide premium of 8.7% which reflects an estimate of an average 0.2% increase in 2021 and 8.5% increase in 2022. We have assumed that our CFI Individual non-Catastrophic market share will decrease slightly from 82.7% in 2020 to 81.5% in 2022 and that our CFI Individual non-Catastrophic PLRS ratio to the state will increase slightly from 1.052 in 2020 to 1.055 in 2022. The resultant estimate of risk adjustment is that the BlueChoice payable transfer PMPM for the Individual market will increase from -\$112.13 in 2020 to -\$134.45 in 2022.

The risk adjustment estimates above are calculated separately for the Individual market and the Small Group market as required. This approach is different than the blended approach used to calculate the Index Rate and therefore there is an inconsistency between the risk assumed in rates and the claims data used in the calculation. Without manipulations to the assumed Contribution to Reserve (CTR) this approach results in counterintuitive rates between CareFirst Individual Market PPO and HMO plans. Per DISB direction this filing is being submitted with a negative CTR in order to adjust these relationships such that HMO rates are lower than PPO for all metal levels.

Our initial rate estimates, prior to CTR manipulations, assumed a 2% pre-tax CTR for the Individual market (both HMO and PPO). The 11.3% rate change in this submission was estimated to be 21.1% at a 2% CTR. If a merged Individual and Small Group risk adjustment methodology was used the rate change is estimated to be -6.2% with a 2% CTR and all HMO plans would be priced lower than PPO as expected.

The aggregate PPO and HMO estimated rate changes under both separate and merged risk adjustment methods are:

	Separate	Merged
Small Group	4.6%	6.8%
Individual	10.3%	1.3%

#### Exchange User Fees:

There are no applicable exchange user fees since the rates in this filing are not offered on the Federal Marketplace.

#### 4.4.4 Plan Adjusted Index Rate

Exhibit 11 in the Memorandum displays the adjustments made for each plan. Every plan adjusted index rate is developed from the market adjusted index rate using only the allowable plan level modifiers as follows:

- **Actuarial value and cost-sharing design of the plan:** The actuarial value for each plan was determined using our own internal model and estimates the ratio of paid to allowed dollars given that plan's benefit design and the assumed allowed amount consistent with the projection period index rate. The URRT instructions state that this adjustment may take into account the benefit differences and utilization differences due to differences in cost-sharing. As a result, our plan adjusted index rates also include adjustments to account for the impact the metal level has on utilization.
- **Provider network:** All plans offered use the Open Access network.
- **Benefits in addition to EHBs:** There is an adjustment to account for abortion coverage and adult vision (which are offered in addition to EHBs).
- **Administrative costs:** See Exhibit 10A in the Memorandum for the assumed values of the following additional items.
  1. Administrative Expense (G&A)
  2. Broker Commissions & Fees
  3. Federal Income Tax (FIT)
  4. Contribution to Reserve (Post-Tax)
  5. State Premium Tax
  6. PCORI Fee
  7. Risk Adjustment User Fee
  8. Exchange Assessment Fee

We note that the assumed contribution to reserve in this filing is negative and therefore these rates are expected to be deficient and produce losses. The need to propose a negative CTR is driven by the separate Individual and Small Group risk adjustment construct discussed in the Risk Adjustment section above.

- **Catastrophic adjustment:** The catastrophic factor has been developed from the experience of the catastrophic population and is applied only to the catastrophic plan as required. See the Appendix in the Memorandum for more details. All other factors applied to the Market Adjusted Index Rate are the same across all plans.

For each plan, we have taken the applicable adjustment factor from each category above and multiplied them by the market adjusted index rate to derive each plan adjusted index rate.

#### **4.4.5 Calibration**

##### **Age Curve Calibration**

We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor. We have used the standard DC age curve factors and weighted them using member months in our calculation.

A demonstration of how the plan adjusted index rates and the age curve are used to generate the schedule of premium rates for each plan can be found on Exhibit 13.

##### **Geographic Factor Calibration**

We have elected not to rate for geographic region.

##### **Tobacco Use Rating Factor Calibration**

We have elected not to rate for tobacco usage.

#### **4.4.6 Consumer Adjusted Premium Rate Development**

The premium rate that a given consumer will be charged is calculated by first taking the plan adjusted index rate for that member's chosen plan and dividing by the projected average age rating factor. The resulting value is the base rate for that plan. The final step in determining a consumer adjusted premium rate is to take the rate from the first step and multiply it by the corresponding factor for that member's age from the standard DC age curve. Rate charts are provided for all the consumer adjusted premiums.

#### **4.5 Projected Loss Ratio**

The projected loss ratio for the rates provided in this file, using the Federally-prescribed MLR methodology, is 92.1% for the Individual market and 83.3% for the combined Individual/Small Group market. Details behind this calculation can be found in Exhibit 10B.

#### **4.6 Plan Product Information**

##### **4.6.1 AV Metal Values**

The majority of our 2022 plans include varying cost share levels for some services that depend on the setting in which care is delivered. The HHS AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower level of cost-share. The results were blended assuming 84% of the designated services are rendered in higher cost-share setting and the remaining 16% at the lower, consistent with experience from our small group and individual markets. Plans without these features used the AV calculator without modification.

Additional details regarding the unique plan designs not accommodated by the HHS AV Calculator along with printouts for each plan are provided in the "Actuarial Memorandum" section of the Supporting Documentation tab of the SERFF filing.

##### **4.6.2 Membership Projections**

The membership projections found in Worksheet 2 of the URRT were developed from enrollment as of 2/28/2021 using assumptions for termination rates, new sales and transfers. The projections also incorporate any plan mappings anticipated between that month and the rating period. For new plan offerings where no plans are being uniformly modified into them, a minimum level of enrollment was assumed.

#### **4.6.3 Terminated Plans and Products**

Plan mappings from the experience period to the rating period can be found in Appendix – Mapping.

#### **4.6.4 Plan Type**

Each plan in Worksheet 2, Section I of the URRT contains a plan type that describes the plan exactly.

### **4.7 Miscellaneous Instructions**

#### **4.7.1 Effective Rate Review Information (Optional)**

We have no additional exhibits.

#### **4.7.2 Reliance**

We do not have any reliance to state.

#### **4.7.3 Actuarial Certification**

Included in the Memorandum.

**BlueChoice Inc.  
d.b.a. CareFirst BlueCross BlueShield  
(NAIC # 96202)**

**Rate Filing # 2567  
D.C. Individual Products  
Rate Filing Effective 1/1/2022**

**Actuarial Memorandum**

**BlueChoice Inc.**  
**(NAIC # 96202)**  
**H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)**  
**D.C. Individual Products**  
**Rate Filing Effective 1/1/2022**  
**Actuarial Certification**

I, Cory Bream, am a(n) Actuarial Associate with CareFirst BlueChoice doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23, Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41, Actuarial Communications
- viii. ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

1. The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR 156.80 and 147.102)
  - b. Developed in compliance with the applicable Actuarial Standards of Practice
  - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
  - d. Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
3. Consistent with 45 CFR § 156.135, the 2022 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum.

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

The DISB has directed CareFirst to file rate submissions that reflect lower HMO rates than PPO by metal. In order to meet this directive, the contribution to reserve assumed in this filing is -6.5%. The assumed contribution to reserve in this filing, aggregated with the assumed contribution to reserve in our GHMSI filing, reflects a 2% contribution to reserve.

This rebalancing results in BlueChoice rates that are deficient and are expected to produce losses.

**Cory Bream** Digitally signed by Cory Bream  
Date: 2021.05.17 08:49:55  
-04'00'

Cory Bream, ASA, MAAA  
Actuarial Associate  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-720  
10455 Mill Run Circle  
Owings Mills, MD 21117

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### Exhibit 1 - Market Adjusted Index Rate Summary

		2022	Exhibit
(1)	Base Period Total Allowed	\$ 403.44	2
(2)	Base Period Non-EHB PMPM	\$ 0.31	2
(3)	Experience Period Index Rate	\$ 403.13	
(4)	Change in Morbidity	0.9820	4
(5)	Additional Population Adjustment	1.0000	
(6)	Induced Demand	1.0055	5
(7)	Projection Period Utilization and Network Adjustment	1.0000	
(8)	Demographic Adjustment	1.0133	6
(9)	Area Adjustment	1.0000	
(10)	Additional "Other" Adjustments	1.0029	7
(11)	Annualized Trend	9.1%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1909	
(14)	Projection Period Index Rate	\$ 481.77	
(15)	Reinsurance Program	1.0000	
(16)	Risk Adjustment Program	1.5136	9
(17)	Federal Exchange User Fee	1.0000	
(18)	Market Adjusted Index Rate	\$ 729.21	
	Without Risk Adjustment	\$ 481.77	

**The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.**

## Exhibit 2 - Base Period Experience

Service Category	Incurred	Allowed	Allowed PMPM	Utilization Description	Utilization per 1,000	Average Cost/Service		
Inpatient Hospital	\$	38,139,178	\$	69.71	Admits	45.39	\$	18,429.89
Outpatient Hospital	\$	40,315,619	\$	73.68	Visits	565.00	\$	1,564.96
Professional	\$	76,727,472	\$	140.23	Visits	11,343.73	\$	148.35
Other Medical	\$	13,663,835	\$	24.97	Services	1,116.00	\$	268.53
Capitation	\$	563,579	\$	1.03	Benefit Period	1,000	\$	12.36
Prescription Drug	\$	51,329,989	\$	93.81	Prescriptions	7,104.49	\$	158.46
<b>Total (EHB &amp; Non-EHB)</b>	<b>\$</b>	<b>220,739,672</b>	<b>\$</b>	<b>403.44</b>				
<b>EHB Allowed</b>	<b>\$</b>	<b>220,571,579</b>	<b>\$</b>	<b>403.13</b>				
<b>Non-EHB Allowed</b>	<b>\$</b>	<b>168,093</b>	<b>\$</b>	<b>0.31</b>				
<b>Incurred Net</b>	<b>\$</b>	<b>192,452,673</b>	<b>\$</b>	<b>351.74</b>				
<b>Net/Allowed</b>		<b>87.19%</b>						
<b>Experience Period Member Months</b>		<b>547,143</b>						
<b>Experience Period Revenue</b>	<b>\$</b>	<b>262,345,283</b>						

### Exhibit 3 - Non-EHB Adjustment

HIOS Plan ID	Plan Name	Exchange	2022 Index Rate	2022 Non-EHB PMPM	2022 Non-EHB Adjustment
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	On	\$ 481.77	\$ 2.62	1.0054
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$ 481.77	\$ 2.27	1.0047
86052DC0400004	BlueChoice HMO Young Adult \$8,700	On	\$ 481.77	\$ 5.24	1.0109
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	On	\$ 481.77	\$ 2.93	1.0061
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$ 481.77	\$ 2.10	1.0044
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	On	\$ 481.77	\$ 2.98	1.0062
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	On	\$ 481.77	\$ 2.40	1.0050

Exhibit 4 - Morbidity Adjustment Factor

Base Year

Metal Level	Member Months	2020 Normalized Allowed PMPM
Catastrophic	8,671	\$ 88.52
Bronze	47,691	\$ 127.38
Silver	128,534	\$ 183.15
Gold	205,807	\$ 235.62
Platinum	156,376	\$ 240.84
Subtotal	547,079	\$ 213.02

Current Year YTD

Existing				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	1,018	\$ 95.33	1.000	\$ 95.33
Bronze	7,036	\$ 129.31	1.000	\$ 129.31
Silver	19,064	\$ 180.73	1.000	\$ 180.73
Gold	29,894	\$ 228.80	1.000	\$ 228.80
Platinum	21,243	\$ 237.30	1.000	\$ 237.30
Subtotal	78,255	\$ 208.71	1.000	\$ 208.71

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	196	\$ 95.33	1.000	\$ 95.33
Bronze	1,422	\$ 129.31	1.000	\$ 129.31
Silver	2,600	\$ 180.73	1.000	\$ 180.73
Gold	4,699	\$ 228.80	1.000	\$ 228.80
Platinum	2,563	\$ 237.30	1.000	\$ 237.30
Subtotal	11,480	\$ 205.21	1.000	\$ 205.21

Transfer				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	44	\$ 91.46	1.000	\$ 91.46
Bronze	246	\$ 152.12	1.000	\$ 152.12
Silver	717	\$ 256.88	1.000	\$ 256.88
Gold	1,616	\$ 239.16	1.000	\$ 239.16
Platinum	1,259	\$ 266.94	1.000	\$ 266.94
Subtotal	3,882	\$ 244.25	1.000	\$ 244.25

Total				
Metal Level	Member Months	2020 Normalized Allowed PMPM	Morbidity Adjustment	2021 Adjusted Normalized Allowed PMPM
Catastrophic	1,258	\$ 95.19	1.000	\$ 95.19
Bronze	8,704	\$ 129.95	1.000	\$ 129.95
Silver	22,381	\$ 183.17	1.000	\$ 183.17
Gold	36,209	\$ 229.26	1.000	\$ 229.26
Platinum	25,065	\$ 238.79	1.000	\$ 238.79
Subtotal	93,617	\$ 209.76	1.000	\$ 209.76

Remainder of Current Year

Existing			
Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM	
Catastrophic	4,685	\$ 95.33	
Bronze	34,424	\$ 129.31	
Silver	96,352	\$ 180.73	
Gold	151,656	\$ 228.80	
Platinum	107,584	\$ 237.30	
Subtotal	394,701	\$ 209.12	

New			
Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM	
Catastrophic	1,702	\$ 95.33	
Bronze	8,918	\$ 129.31	
Silver	13,106	\$ 180.73	
Gold	24,209	\$ 228.80	
Platinum	11,922	\$ 237.30	
Subtotal	59,857	\$ 201.35	

Transfer			
Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM	
Catastrophic	235	\$ 91.46	
Bronze	1,261	\$ 152.12	
Silver	3,061	\$ 256.88	
Gold	6,224	\$ 239.16	
Platinum	4,534	\$ 266.94	
Subtotal	15,315	\$ 241.49	

Total			
Metal Level	Member Months	2021 Adjusted Normalized Allowed PMPM	
Catastrophic	6,622	\$ 95.19	
Bronze	44,603	\$ 129.95	
Silver	112,519	\$ 182.80	
Gold	182,089	\$ 229.15	
Platinum	124,040	\$ 238.38	
Subtotal	469,873	\$ 209.18	

Total Current Year

Total	Member Months	2021 Adjusted Normalized Allowed PMPM
Catastrophic	7,880	\$ 95.19
Bronze	53,307	\$ 129.95
Silver	134,900	\$ 182.86
Gold	218,298	\$ 229.17
Platinum	149,105	\$ 238.45
Subtotal	563,490	\$ 209.28

Rating Year

Existing				
Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	6,900	\$ 95.19	1.000	\$ 95.19
Bronze	46,850	\$ 129.95	1.000	\$ 129.95
Silver	114,726	\$ 182.86	1.000	\$ 182.86
Gold	190,589	\$ 229.17	1.000	\$ 229.17
Platinum	125,749	\$ 238.45	1.000	\$ 238.45
Subtotal	484,814	\$ 209.12	1.000	\$ 209.12

New				
Metal Level	Member Months	Existing Cohort Adjusted Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	1,754	\$ 95.19	1.000	\$ 95.19
Bronze	10,725	\$ 129.95	1.000	\$ 129.95
Silver	19,158	\$ 182.86	1.000	\$ 182.86
Gold	33,638	\$ 229.17	1.000	\$ 229.17
Platinum	18,232	\$ 238.45	1.000	\$ 238.45
Subtotal	83,507	\$ 205.02	1.000	\$ 205.02

Transfer				
Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	156	\$ 91.46	1.000	\$ 91.46
Bronze	772	\$ 152.12	1.000	\$ 152.12
Silver	1,985	\$ 256.88	1.000	\$ 256.88
Gold	4,594	\$ 239.16	1.000	\$ 239.16
Platinum	3,597	\$ 266.94	1.000	\$ 266.94
Subtotal	11,104	\$ 243.20	1.000	\$ 243.20

Total				
Metal Level	Member Months	2021 Normalized Allowed PMPM	Morbidity Adjustment	2022 Adjusted Normalized Allowed PMPM
Catastrophic	8,810	\$ 95.12	1.000	\$ 95.12
Bronze	58,347	\$ 130.24	1.000	\$ 130.24
Silver	135,869	\$ 183.95	1.000	\$ 183.95
Gold	228,821	\$ 229.37	1.000	\$ 229.37
Platinum	147,578	\$ 239.14	1.000	\$ 239.14
Subtotal	579,425	\$ 209.18	1.000	\$ 209.18

Year	Adjusted Normalized PMPM	Year over Year Change
2020	\$ 213.02	n/a
2021	\$ 209.28	-1.8%
2022	\$ 209.18	0.0%

Morbidity Adjustment Change	-1.8%
Morbidity Adjustment Factor	0.9820

### Exhibit 5 - Induced Utilization Adjustment Factor

Year	Actuarial Value	Induced Demand Factor	
(1) 2020	78.09%	1.0704	
(2) Projected 2022	79.28%	1.0764	
(3) <b>Adjustment*</b>		<b>1.0056</b>	(2)/(1)

**\*Applied to all service categories except capitations**

### Exhibit 6 - Demographic Adjustment

	Period	Cohort	Demo Factor*	Weight	Average Age**
(1)	Base Period	All	1.6687	100.0%	34.3
(2)	Rating Period	Existing	1.7328	83.7%	
		New	1.4520	14.4%	
		Transfer	1.6583	1.9%	
(3)	Rating Period	All	1.6909	100.0%	34.8
(4)	<b>Demographic Adjustment***</b>	<b>All</b>	<b>1.0133</b>		

(3) / (1)

\*Demo factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

\*\*Average ages are member weighted

\*\*\*Applied to all service categories except capitations

### Exhibit 7 - Factors for Additional "Other" Adjustments

Capitation adjustment		
(1) Experience Period Capitations PMPM (EHBs only)	\$ 0.80	
(2) Projection Period Capitations PMPM	\$ 0.79	
(3) <b>Adjustment to Capitation Category</b>	<b>0.9855</b>	(2)/(1)
Drug Rebates adjustment		
(4) Experience Period Allowed Rx PMPM (Pre-Rebates)	\$ 116.52	
(5) Morbidity	0.9820	Exhibit 4
(6) Induced Demand	1.0056	Exhibit 5
(7) Demographics	1.0133	Exhibit 6
(8) Rx Trend (Force of Trend)	1.0922	Exhibit 8
(9) Projected Target Allowed Rx PMPM using Multiplicative Factors (Pre-Rebates)	\$ 127.34	(4)*(5)*(6)*(7)*(8)
(10) Target Projection Period Rx Rebates PMPM	\$ 23.42	
(11) Target Post-Rebates Allowed Rx PMPM using Target Projection Period Rx Rebates PMPM	\$ 103.92	(9)-(10)
(12) Experience Period Rx Rebates PMPM	\$ 22.71	
(13) Experience Period Allowed Rx PMPM (Post-Rebates)	\$ 93.81	(4)-(12)
(14) Morbidity	0.9820	Exhibit 4
(15) Induced Demand	1.0056	Exhibit 5
(16) Demographics	1.0133	Exhibit 6
(17) Rx Trend (Force of Trend)	1.0922	Exhibit 8
(18) Projection Period Allowed Rx PMPM using Multiplicative Factors (Post-Rebates)	\$ 102.53	(13)*(14)*(15)*(16)*(17)
(19) <b>Adjustment to Drug Category</b>	<b>1.0136</b>	(11)/(18)

	PMPM	Adjustment	
Inpatient Hospital	\$ 88.73	1.0000	
Outpatient Hospital	\$ 92.03	1.0000	
Professional	\$ 168.20	1.0000	
Other Medical	\$ 28.09	1.0000	
Capitation	\$ 0.80	0.9855	(3)
Prescription Drug	\$ 102.53	1.0136	(19)
<b>Total</b>	<b>\$ 480.38</b>	<b>1.0029</b>	

PMPM weights are set equal to projected PMPM without "other" adj.

### Exhibit 8 - Annual Trend Assumptions

	2020				Trended
	EHB PMPM	Weight	Utilization/1,000	Unit Cost	Composite
<b>Inpatient Hospital</b>	\$ 69.71	17.3%	1.0348	1.0900	1.2721
<b>Outpatient Hospital</b>	\$ 73.65	18.3%	1.0348	1.0800	1.2489
<b>Professional</b>	\$ 140.19	34.8%	1.0842	1.0100	1.1991
<b>Other Medical</b>	\$ 24.97	6.2%	1.0296	1.0300	1.1246
<b>Capitation</b>	\$ 0.80	0.2%	1.0000	1.0000	1.0000
<b>Prescription Drug</b>	\$ 93.81	23.3%	1.0348	1.0100	1.0922
<b>Total</b>	\$ 403.13	100.0%			1.0913
<b>Proposed Trend</b>					<b>1.0913</b>

**Exhibit 9 - Risk Adjustment**

**Statewide 2020**

<b>Metallic Tier</b>	<b>Member Months</b>		<b>PLRS</b>	<b>ARF</b>	<b>GCF</b>	<b>IDF</b>	<b>AV</b>	<b>PWRS</b>	<b>PWORS</b>	<b>Transfer \$</b>	<b>PMPM</b>	<b>Statewide PMPM 2020</b>
Catastrophic	9,400		0.218	0.737	1.000	1.000	0.570	0.218	0.420			\$ 110.62
Individual Non-Catastrophic	182,755		1.436	1.116	1.000	1.057	0.735	1.560	0.865			\$ 466.79

**CFI & Completion 2020**

<b>Metallic Tier</b>	<b>Member Months</b>	<b>Distribution</b>	<b>PLRS</b>	<b>ARF</b>	<b>GCF</b>	<b>IDF</b>	<b>AV</b>	<b>PWRS</b>	<b>PWORS</b>	<b>Transfer \$</b>	<b>PMPM</b>
CFI Non-Catastrophic	151,065	82.7%	1.510	1.126	1.000	1.056	0.732	1.642	0.870		
Competition Non-Catastrophic	31,690	17.3%	1.083	1.067	1.000	1.062	0.748	-	-		

**2020**

<b>Metallic Tier</b>	<b>Member Months</b>	<b>Distribution</b>	<b>PLRS</b>	<b>ARF</b>	<b>GCF</b>	<b>IDF</b>	<b>AV</b>	<b>PWRS</b>	<b>PWORS</b>	<b>Transfer \$</b>	<b>PMPM</b>
Catastrophic	8,900	14.9%	0.221	0.737	1.000	1.000	0.570	0.221	0.420	\$14,904	\$1.67
Bronze	27,015	45.2%	0.524	1.180	1.000	1.000	0.600	0.524	0.708	-\$6,079,379	-\$225.04
Silver	15,671	26.2%	1.083	1.172	1.000	1.030	0.700	1.115	0.845	-\$1,912,268	-\$122.02
Gold	5,673	9.5%	1.826	1.055	1.000	1.080	0.800	1.972	0.911	\$557,569	\$98.29
Platinum	2,510	4.2%	2.618	1.101	1.000	1.150	0.900	3.010	1.140	\$717,034	\$285.63
Total	59,769	100%	0.837	1.097	1.000	1.022	0.653	0.876	0.738	-\$6,702,140	-\$112.13

50,869

**Statewide 2022**

<b>Metallic Tier</b>	<b>Member Months</b>		<b>PLRS</b>	<b>ARF</b>	<b>GCF</b>	<b>IDF</b>	<b>AV</b>	<b>PWRS</b>	<b>PWORS</b>	<b>Transfer \$</b>	<b>PMPM</b>	<b>Statewide PMPM 2022</b>
Catastrophic	9,274		0.264	0.737	1.000	1.000	0.570	0.264	0.420			\$ 113.90
Individual Non-Catastrophic	193,328		1.573	1.112	1.000	1.056	0.734	1.709	0.861			\$ 507.48

**CFI & Competition 2022**

<b>Metallic Tier</b>	<b>Member Months</b>	<b>Distribution</b>	<b>PLRS</b>	<b>ARF</b>	<b>GCF</b>	<b>IDF</b>	<b>AV</b>	<b>PWRS</b>	<b>PWORS</b>	<b>Transfer \$</b>	<b>PMPM</b>
CFI Non-Catastrophic	157,562	81.5%	1.659	1.122	1.000	1.055	0.730	1.805	0.866	\$ -	\$ -
Competition Non-Catastrophic	35,766	18.5%	1.192	1.067	1.000	1.062	0.748	-	-	\$ -	\$ -

**2022**

<b>Metallic Tier</b>	<b>Member Months</b>	<b>Distribution</b>	<b>PLRS</b>	<b>ARF</b>	<b>GCF</b>	<b>IDF</b>	<b>AV</b>	<b>PWRS</b>	<b>PWORS</b>	<b>Transfer \$</b>	<b>PMPM</b>
Catastrophic	8,810	14.1%	0.268	0.737	1.000	1.000	0.570	0.268	0.420	\$15,051	\$1.71
Bronze	30,129	48%	0.583	1.156	1.000	1.000	0.600	0.583	0.694	-\$7,100,749	-\$235.68
Silver	15,287	24%	1.125	1.154	1.000	1.030	0.700	1.159	0.832	-\$2,236,095	-\$146.27
Gold	5,981	10%	1.777	1.034	1.000	1.080	0.800	1.919	0.894	\$257,897	\$43.12
Platinum	2,240	4%	2.812	1.085	1.000	1.150	0.900	3.234	1.123	\$667,967	\$298.20
Total	62,447	100%	0.866	1.082	1.000	1.020	0.650	0.903	0.723	-\$8,395,929	-\$134.45

**Adjustment Factor applied to Market Adjusted Index Rate**

<b>Projected Index Rate</b>	<b>Projected Transfer PMPM (Allowed basis)</b>	<b>Risk Adjustment User Fee</b>	<b>Adjustment Factor*</b>
\$481.77	-\$247.20	\$0.25	1.5136

\*Adjustment Factor = (\$481.77 - \$-247.2+ \$0.25) / \$481.77

# Exhibit 10A - Desired Incurred Claims Ratio

	2022	
	PMPM	% of Revenue
Allowed Claims	\$ 434.37	
Paid/Allowed Ratio	60.5%	
Paid Claims & Capitations	\$ 262.64	
Risk Adjustment Transfer (Paid Basis)	\$ (134.45)	
Reinsurance Recoveries (Paid Basis)	\$ -	
Paid Claims & Capitations (Post-3Rs)	\$ 397.08	90.4%
Administrative Expense	\$ 55.25	12.6%
Broker Commissions & Fee	\$ 1.89	0.4%
Contribution to Reserve (Post-Tax)	\$ (22.39)	-5.1%
Investment Income Credit	\$ (0.44)	-0.1%
Risk Charge	\$ -	0.0%
<u>Non-ACA Taxes &amp; Fees</u>		
State Premium Tax	\$ 8.78	2.0%
State Assessment Fee	\$ 0.44	0.1%
Reinsurance Program Fee	\$ -	0.0%
State Income Tax	\$ -	0.0%
Federal Income Tax	\$ (6.15)	-1.4%
<u>ACA Taxes &amp; Fees</u>		
Health Insurer Tax	\$ -	0.0%
Risk Adjustment User Fee	\$ 0.25	0.1%
Exchange Assessment Fee	\$ 3.95	0.9%
Federal Exchange User Fee	\$ -	0.0%
PCORI Tax	\$ 0.24	0.1%
BlueRewards/Incentive Program	\$ 0.17	0.0%
Total Revenue	\$ 439.07	100.0%
Plan Level Admin Load Adjustment	1.1050	
Projected Member Months	62,447	
Average Members	5,204	
% Total 2022	100.0%	

## Exhibit 10B - Federal MLR

	Total 2022 PMPM / %
<u>Traditional MLR Development</u>	
Paid Claims & Capitations (Post-3Rs) \$	397.08
Total Revenue \$	439.07
<hr/>	
Traditional MLR (i.e. DICR)	90.4%
 <u>Federal MLR Development</u>	
Numerator Adjustments	
BlueRewards/Incentive Program \$	0.17
Quality Improvement Expenses \$	1.71
Removal of non-care costs under MLR guidelines \$	(1.36)
 Denominator Adjustments	
Non-ACA Taxes & Fees \$	3.07
ACA Taxes & Fees \$	4.44
 Federal MLR Numerator \$	 397.61
Federal MLR Denominator \$	431.56
<hr/>	
Federal MLR	92.1%
 Projected Member Months	
	62,447

# **Exhibit 10B - Federal MLR (Combined SG & Individual)**

**Total 2022  
PMPM / %**

## **Traditional MLR Development**

Paid Claims & Capitations (Post-3Rs)	\$	429.18
<b>Total Revenue</b>	<b>\$</b>	<b>531.42</b>
<b>Traditional MLR (i.e. DICR)</b>		<b>80.8%</b>

## **Federal MLR Development**

### **Numerator Adjustments**

BlueRewards/Incentive Program	\$	0.33
Quality Improvement Expenses	\$	2.39
removal of non-care costs under MLR guidelines	\$	(4.92)

### **Denominator Adjustments**

Non-ACA Taxes & Fees	\$	13.40
ACA Taxes & Fees	\$	5.27

<b>Federal MLR Numerator</b>	<b>\$</b>	<b>426.97</b>
<b>Federal MLR Denominator</b>	<b>\$</b>	<b>512.75</b>
<b>Federal MLR</b>		<b>83.3%</b>

<b>Projected Member Months</b>	<b>579,425</b>
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Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization	Non-EHB	Catastrophic Adjustment	Capped Dependents	Admin	Plan Adjusted Index Rate
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	HMO	SILVER	On	Open Access	\$729.21	0.6870	0.9480	0.9635	1.0054	1.0000	1.0000	1.1050	\$508.36
86052DC0400002	BlueChoice HMO Standard Gold \$500	HMO	GOLD	On	Open Access	\$729.21	0.8497	0.9480	1.0030	1.0047	1.0000	1.0000	1.1050	\$654.12
86052DC0400004	BlueChoice HMO Young Adult \$8,700	HMO	CATASTROPHIC	On	Open Access	\$729.21	0.5575	0.9480	0.9280	1.0109	0.4765	1.0000	1.1050	\$190.34
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	HMO	BRONZE	On	Open Access	\$729.21	0.5961	0.9480	0.9280	1.0061	1.0000	1.0000	1.1050	\$425.12
86052DC0400008	BlueChoice HMO Standard Platinum \$0	HMO	PLATINUM	On	Open Access	\$729.21	0.9343	0.9480	1.0680	1.0044	1.0000	1.0000	1.1050	\$765.53
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	HMO	BRONZE	On	Open Access	\$729.21	0.5795	0.9480	0.9280	1.0062	1.0000	1.0000	1.1050	\$413.37
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	HMO	GOLD	On	Open Access	\$729.21	0.7661	0.9480	1.0030	1.0050	1.0000	1.0000	1.1050	\$589.94

### Exhibit 12 - AV Values

HIOS Plan ID	Suffix	HIOS Plan Name	HHS AV
86052DC0400001	01	BlueChoice HMO Standard Silver \$4,000	0.718
86052DC0400001	02	BlueChoice HMO Standard Silver \$4,000 NAO	1.000
86052DC0400001	03	BlueChoice HMO Standard Silver \$4,000 NAL	0.718
86052DC0400001	04	BlueChoice HMO Standard Silver \$4,000 A	0.740
86052DC0400001	05	BlueChoice HMO Standard Silver \$4,000 B	0.877
86052DC0400001	06	BlueChoice HMO Standard Silver \$4,000 C	0.939
86052DC0400002	01	BlueChoice HMO Standard Gold \$500	0.820
86052DC0400002	02	BlueChoice HMO Standard Gold \$500 NAO	1.000
86052DC0400002	03	BlueChoice HMO Standard Gold \$500 NAL	0.820
86052DC0400004	01	BlueChoice HMO Young Adult \$8,700	0.633
86052DC0400007	01	BlueChoice HMO Standard Bronze \$7,500	0.648
86052DC0400007	02	BlueChoice HMO Standard Bronze \$7,500 NAO	1.000
86052DC0400007	03	BlueChoice HMO Standard Bronze \$7,500 NAL	0.648
86052DC0400008	01	BlueChoice HMO Standard Platinum \$0	0.890
86052DC0400008	02	BlueChoice HMO Standard Platinum \$0 NAO	1.000
86052DC0400008	03	BlueChoice HMO Standard Platinum \$0 NAL	0.890
86052DC0400010	01	BlueChoice HMO HSA Standard Bronze \$6,350	0.650
86052DC0400010	02	BlueChoice HMO Standard Bronze \$6,350 NAO	1.000
86052DC0400010	03	BlueChoice HMO Standard Bronze \$6,350 NAL	0.650
86052DC0400011	01	BlueChoice HMO HSA Gold \$1,500	0.810
86052DC0400011	02	BlueChoice HMO Gold \$1,500 NAO	1.000
86052DC0400011	03	BlueChoice HMO Gold \$1,500 NAL	0.810

### Exhibit 13 - Age Calibration

Age Curve Calibration					
	Period	Cohort	Rating Factor*	Weight	Average Age**
(1)	Rating Period	Existing	1.0842	83.7%	
		New	0.9453	14.4%	
		Transfer	1.0501	1.9%	
(2)	<b>Rating Period</b>	<b>All</b>	<b>1.0635</b>	<b>100.0%</b>	<b>42.3</b>
(3)	<b>Nearest Rounded</b>	<b>All</b>	<b>1.0530</b>		<b>42.0</b>
(4)	<b>Calibration***</b>	<b>All</b>	<b>0.9901</b>		

(3)/(2)

Premium Rate Demonstration		
	HIOS Plan Name	BlueChoice HMO Standard Silver \$4,000
(5)	Plan Adjusted Index Rate	\$508.36
(6)	Calibration	0.9901
(7)	Calibrated Rate	\$503.35
(8)	Age 40 Factor/Rounded Avg Age Factor = (0.975/1.053)	0.9259
(9)	<b>Age 40 Premium Rate</b>	<b>\$466.06</b>

(4)

(5)\*(6)

(7)\*(8)

\*Rating factors by cohort for the rating period are based on average factors for each cohort from the current year to date. Weights are based on expected distribution of member months.

\*\*The rating period average age is determined from the member weighted average factor. Specifically it is linearly interpolated using the two age factors on the curve surrounding the member weighted average factor.

\*\*\*Applied uniformly to all plans

#### Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

**Exhibit 15 - Induced Utilization Factors**

<b>CDH/Non-CDH</b>	<b>Projected Member Months</b>	<b>Relative to HSA/HRA</b>	<b>Relative to Average</b>
HSA/HRA	158,339	1.0000	1.0000
Non-CDH	421,086	1.0000	1.0000
	<b>579,425</b>	<b>1.0000</b>	

<b>Full HIOS Plan ID</b>	<b>Base HIOS Plan ID</b>	<b>Plan Name</b>	<b>Metal Level</b>	<b>Relative to Bronze</b>	<b>Projected Member Months</b>	<b>Relative to Average (Pool)</b>	<b>Relative to Average (CSR)</b>
86052DC040000101	86052DC0400001	BlueChoice HMO Standard Silver \$4,000	SILVER	1.0300	13,191	0.9560	0.9635
86052DC040000102	86052DC0400001	BlueChoice HMO Standard Silver \$4,000 NAO	SILVER	1.0300	-	0.9560	0.9635
86052DC040000103	86052DC0400001	BlueChoice HMO Standard Silver \$4,000 NAL	SILVER	1.0300	-	0.9560	0.9635
86052DC040000104	86052DC0400001	BlueChoice HMO Standard Silver \$4,000 A	SILVER	1.0300	1,079	0.9560	0.9635
86052DC040000105	86052DC0400001	BlueChoice HMO Standard Silver \$4,000 B	SILVER	1.1500	322	1.0680	0.9635
86052DC040000106	86052DC0400001	BlueChoice HMO Standard Silver \$4,000 C	SILVER	1.1500	695	1.0680	0.9635
86052DC040000201	86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	1.0800	4,001	1.0030	1.0030
86052DC040000202	86052DC0400002	BlueChoice HMO Standard Gold \$500 NAO	GOLD	1.0800	-	1.0030	1.0030
86052DC040000203	86052DC0400002	BlueChoice HMO Standard Gold \$500 NAL	GOLD	1.0800	-	1.0030	1.0030
86052DC040000401	86052DC0400004	BlueChoice HMO Young Adult \$8,700	CATASTROPHIC	1.0000	8,810	0.9280	0.9280
86052DC040000701	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	1.0000	10,937	0.9280	0.9280
86052DC040000702	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500 NAO	BRONZE	1.0000	-	0.9280	0.9280
86052DC040000703	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500 NAL	BRONZE	1.0000	-	0.9280	0.9280
86052DC040000801	86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	1.1500	2,240	1.0680	1.0680
86052DC040000802	86052DC0400008	BlueChoice HMO Standard Platinum \$0 NAO	PLATINUM	1.1500	-	1.0680	1.0680
86052DC040000803	86052DC0400008	BlueChoice HMO Standard Platinum \$0 NAL	PLATINUM	1.1500	-	1.0680	1.0680
86052DC040001001	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	1.0000	19,192	0.9280	0.9280
86052DC040001002	86052DC0400010	BlueChoice HMO Standard Bronze \$6,350 NAO	BRONZE	1.0000	-	0.9280	0.9280
86052DC040001003	86052DC0400010	BlueChoice HMO Standard Bronze \$6,350 NAL	BRONZE	1.0000	-	0.9280	0.9280
86052DC040001101	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	GOLD	1.0800	1,980	1.0030	1.0030
86052DC040001102	86052DC0400011	BlueChoice HMO Gold \$1,500 NAO	GOLD	1.0800	-	1.0030	1.0030
86052DC040001103	86052DC0400011	BlueChoice HMO Gold \$1,500 NAL	GOLD	1.0800	-	1.0030	1.0030

## Appendix - Network Factors

Network Type	Proposed Products Using This Network	Description
Lock In / Referral	BlueChoice HMO Referral	Referrals needed for Specialist Care, No Out of Network Coverage.
Open Access	BlueChoice HMO	No Referrals needed for Specialist, No Out of Network Coverage.
Open Access Opt-Out	BlueChoice Plus Opt-Out	No Referrals needed for Specialist, Out of Network Benefits pay up to In Network allowance, Member may be balance billed.
Open Access Plus	BlueChoice Plus	No Referrals needed, Out of Network allowances pay up to Regional Preferred Network (RPN) allowance.
Open Access Advantage	BlueChoice Advantage	No Referrals needed, Out of Network allowance pay up to RPN allowance, Out of Area BlueCard considered In Network for cost-sharing.

Network Type	Projected Member Months	Relative to Lock In / Referral	Relative to Average
Lock In / Referral	47,435	1.0000	0.9031
Open Access	163,011	1.0500	0.9483
Open Access Opt-Out	33,621	1.0602	0.9575
Open Access Plus	78,540	1.0704	0.9667
Open Access Advantage	256,818	1.1808	1.0665
<b>Total</b>	<b>579,425</b>	<b>1.1072</b>	

Factors are applied as plan level adjustments

## Appendix - Catastrophic Plans Adjustment

### Step 1: Normalize Experience Period Catastrophic PMPM

	Catastrophic	Non-Catastrophic	Total (single risk pool)
Member Months	8,671	538,472	547,143
Distirbution	1.6%	98.4%	
Completed Allowed	\$923,825	\$219,815,847	\$220,739,672
Allowed PMPM	\$106.54	\$408.22	\$403.44
Age Rating Factor	0.7412	1.0591	1.0541
Induced Demand Factor	1.0000	1.0815	1.0802
Actuarial Value	1.0000	1.0000	1.0000
<b>Net Factor</b>	<b>0.7412</b>	<b>1.1454</b>	<b>1.1390</b>
<b>Normalized Factor</b>	<b>1.5367</b>	<b>0.9944</b>	<b>1.0000</b>
<b>Normalized PMPM</b>	<b>\$163.73</b>	<b>\$405.94</b>	<b>\$403.44</b>

### Step 2: Apply Credibility to Normalized Catastrophic PMPM

(1)	Normalized Catastrophic PMPM	\$163.73	
(2)	Member Months	8,671	
(3)	Full Credibility (Member Months)	24,000	
(4)	Credibility	60.1%	
(5)	Normalized Non-Catastrophic PMPM	\$405.94	
(6)	Morbidity Adjustment*	0.5793	(a)/(b)
(7)	Morbidity-Adjusted Non-Catastrophic PMPM	\$235.16	(5)*(6)
(8)	Credibility-Adjusted Catastrophic PMPM	\$192.22	(1)*(4)+(1 - (4))*(7)

### Step 3: Ratio of Credibility-Normalized Catastrophic PMPM vs. Single Risk Pool

(9)	Normalized SRP PMPM	\$403.44	
(10)	<b>Catastrophic Factor</b>	<b>0.4765</b>	(8)/(9)

### Total ACA Individual Market Experience (202001-202012 Paid Through: 202102)

Metal Level	Member Months	Normalized Allowed PMPM	
Catastrophic	95,626	\$148.53	(a)
Bronze	455,106	\$146.84	
Silver	444,745	\$296.61	
Gold	725,291	\$299.61	
Platinum	2,455	\$516.99	
<b>Non-Catastrophic Total</b>	<b>1,627,597</b>	<b>\$256.40</b>	<b>(b)</b>

\*The Morbidity Adjustment is the ratio of Catastrophic Normalized Allowed PMPM to the Non-Catastrophic Normalized Allowed PMPM for our total Individual ACA Market Experience.

Appendix - Experience Period to Rating Period Plan Mappings

Exp. Period		Current Period		Rating Period	
2020 Base HIOS Plan ID	2020 HIOS Plan Name	2021 Base HIOS Plan ID	2021 HIOS Plan Name	2022 Base HIOS Plan ID	2022 HIOS Plan Name
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	86052DC0400001	BlueChoice HMO Standard Silver \$4,000	86052DC0400001	BlueChoice HMO Standard Silver \$4,000
86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500	86052DC0400002	BlueChoice HMO Standard Gold \$500
86052DC0400004	BlueChoice HMO Young Adult \$8,150	86052DC0400004	BlueChoice HMO Young Adult \$8,550	86052DC0400004	BlueChoice HMO Young Adult \$8,700
86052DC0400007	BlueChoice HMO Standard Bronze \$7,250	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500
86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0	86052DC0400008	BlueChoice HMO Standard Platinum \$0
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,200	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	86052DC0400011	BlueChoice HMO HSA Gold \$1,500

Appendix - Annual Rate Change Based on Mapping

Catastrophic	Catastrophic/Avg Renewal	632	689	1.7%
Bronze	Bronze Members/Avg Renewal	2,417	2,496	12.9%
Silver	Silver Members/Avg Renewal	1,268	1,287	12.3%
Gold	Gold Members/Avg Renewal	502	507	9.4%
Platinum	Platinum Members/Avg Renewal	199	196	9.0%
	All Members/Avg Renewal	5,018	5,175	11.3%
	Minimum Renewal			1.7%
	Maximum Renewal			13.7%

2021 HIOS Plan ID	2021 HIOS Plan Name	2021 Metal Level	2021 Marketplace Indicator	2022 HIOS Plan ID	2022 HIOS Plan Name	2022 Metal Level	2022 Marketplace Indicator	Current Month Member Count	Projected 2021 EOY Members	2021 Base Rate	2022 Base Rate	Annual Rate Change
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	SILVER	On	86052DC0400001	BlueChoice HMO Standard Silver \$4,000	SILVER	On	1,268	1,287	\$425.82	\$478.01	12.3%
86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	On	86052DC0400002	BlueChoice HMO Standard Gold \$500	GOLD	On	352	348	\$563.67	\$615.07	9.1%
86052DC0400004	BlueChoice HMO Young Adult \$8,550	CATASTROPHIC	On	86052DC0400004	BlueChoice HMO Young Adult \$8,700	CATASTROPHIC	On	632	689	\$175.91	\$178.97	1.7%
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	BRONZE	On	866	899	\$351.70	\$399.74	13.7%
86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	86052DC0400008	BlueChoice HMO Standard Platinum \$0	PLATINUM	On	199	196	\$660.50	\$719.83	9.0%
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	BRONZE	On	1,551	1,597	\$345.67	\$388.69	12.4%
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	GOLD	On	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	GOLD	On	150	159	\$503.68	\$554.72	10.1%

### Appendix - Maximum Rate Renewal

	2021	2022	% Change
Base Rate	\$351.70	\$399.74	13.7%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
<b>Total</b>	<b>\$230.01</b>	<b>\$290.61</b>	<b>26.3%</b>

	BlueChoice HMO Standard Bronze	BlueChoice HMO Standard Bronze
Base Rate/Product(s)	\$7,500	\$7,500
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

\*we did not geo rate

\*\*we did not tobacco rate

Appendix - Federal Required \$1.00 minimum for abortion

HIOS Plan ID	Plan Name	Exchange	Minimum Charge	Lowest Age Factor	Base Premium	Age Calibration	Plan Adjusted Index Rate	Admin	Catastrophic Factor	Network Factor	Non-EHB	Induced Utilization	Benefit	Market Adjusted Index Rate	Exchange User Fee	Risk Adjustment Fee	Reinsurance Factor	Index Rate	\$1 Check	Final Rate, above \$1.00
86052DC0400001	BlueChoice HMO Standard Silver \$4,000	On	\$1.00	0.6540	\$1.53	0.9403	\$1.63	1.1050	1.0000	0.9480	1.0000	0.9635	0.6870	\$2.35	1.0000	1.5136	1.0000	\$1.55	\$1.00	\$1.55
86052DC0400002	BlueChoice HMO Standard Gold \$500	On	\$1.00	0.6540	\$1.53	0.9403	\$1.63	1.1050	1.0000	0.9480	1.0000	1.0030	0.8497	\$1.83	1.0000	1.5136	1.0000	\$1.21	\$1.01	\$1.20
86052DC0400004	BlueChoice HMO Young Adult \$8,700	On	\$1.00	0.6540	\$1.53	0.9403	\$1.63	1.1050	0.4765	0.9480	1.0000	0.9280	0.5575	\$6.31	1.0000	1.5136	1.0000	\$4.17	\$1.00	\$4.17
86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	On	\$1.00	0.6540	\$1.53	0.9403	\$1.63	1.1050	1.0000	0.9480	1.0000	0.9280	0.5961	\$2.81	1.0000	1.5136	1.0000	\$1.86	\$1.00	\$1.86
86052DC0400008	BlueChoice HMO Standard Platinum \$0	On	\$1.00	0.6540	\$1.53	0.9403	\$1.63	1.1050	1.0000	0.9480	1.0000	1.0680	0.9343	\$1.56	1.0000	1.5136	1.0000	\$1.03	\$1.00	\$1.03
86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	On	\$1.00	0.6540	\$1.53	0.9403	\$1.63	1.1050	1.0000	0.9480	1.0000	0.9280	0.5795	\$2.89	1.0000	1.5136	1.0000	\$1.91	\$1.00	\$1.91
86052DC0400011	BlueChoice HMO HSA Gold \$1,500	On	\$1.00	0.6540	\$1.53	0.9403	\$1.63	1.1050	1.0000	0.9480	1.0000	1.0030	0.7661	\$2.02	1.0000	1.5136	1.0000	\$1.33	\$1.00	\$1.33

## Appendix - Form Numbers

### Form Numbers Associated With This Filing:

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This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

The SERFF Tracking # for the corresponding form filing On Exchange is as follows:  
CFBC-132821861

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#### ON-Exchange

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##### **BlueChoice HMO Standard Plans**

DC/CFBC/EXC/HMO/IEA (R. 1/20)  
DC/CFBC/DOL APPEAL (R. 1/17)  
DC/CFBC/EXC/HMO/DOCS (R. 1/20)  
DC/CFBC/EXC/2021 AMEND (1/21)  
DC/CFBC/EXC/2022 AMEND (1/22)  
DC/CFBC/EXC/HMO HSA STD/BRZ 6350 (1/22)  
DC/CFBC/EXC/HMO HSA/GOLD 1500 (1/22)  
DC/CFBC/EXC/HMO STD/BRZ 7500 (1/22)  
DC/CFBC/EXC/HMO STD/GOLD 500 (1/22)  
DC/CFBC/EXC/HMO STD/PLAT 0 (1/22)  
DC/CFBC/EXC/HMO STD/SIL 4000 (1/22)  
DC/CFBC/EXC/HMO STD/SIL 4000 A (1/22)  
DC/CFBC/EXC/HMO STD/SIL 4000 B (1/22)  
DC/CFBC/EXC/HMO STD/SIL 4000 C (1/22)  
DC/CFBC/EXC/HMO STD/NATAMER 0 (1/22)  
DC/CFBC/EXC/NATAMER (1/14)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/22)  
DC/CFBC/PT PROTECT (9/10)  
DC/CFBC/CD/HMO/INCENT (1/22)

##### **BlueChoice HMO Young Adult**

DC/CFBC/EXC/HMO/IEA (R. 1/20)  
DC/CFBC/DOL APPEAL (R. 1/17)  
DC/CFBC/EXC/HMO/DOCS (R. 1/20)  
DC/CFBC/EXC/2021 AMEND (1/21)  
DC/CFBC/EXC/2022 AMEND (1/22)  
DC/CFBC/EXC/HMO/NATAMER SOB (1/22)  
DC/CFBC/EXC/HMO/ YA 8700 SOB (1/22)  
DC/CFBC/EXC/NATAMER (1/14)  
DC/CFBC/MEM/BLCRD (R. 6/18)  
DC/CFBC/CD/AUTH AMEND/HMO (R. 1/22)  
DC/CFBC/PT PROTECT (9/10)  
DC/CFBC/CD/HMO/INCENT (1/22)

**Appendix - Experience by Service Category**

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Inpatient Hospital	\$2,750,020	\$2,534,866	\$2,534,866	\$0	Admits	218
201802	39,872	Inpatient Hospital	\$2,338,706	\$2,205,957	\$2,205,957	\$0	Admits	142
201803	39,866	Inpatient Hospital	\$2,459,094	\$2,308,139	\$2,308,139	\$0	Admits	141
201804	39,781	Inpatient Hospital	\$2,393,711	\$2,260,151	\$2,260,151	\$0	Admits	206
201805	39,765	Inpatient Hospital	\$2,538,576	\$2,409,026	\$2,409,026	\$0	Admits	175
201806	40,182	Inpatient Hospital	\$1,939,598	\$1,813,326	\$1,813,326	\$0	Admits	154
201807	40,386	Inpatient Hospital	\$3,453,146	\$3,294,196	\$3,294,162	\$0	Admits	193
201808	40,701	Inpatient Hospital	\$2,336,716	\$2,210,360	\$2,210,335	\$0	Admits	161
201809	40,326	Inpatient Hospital	\$2,392,398	\$2,247,453	\$2,247,428	\$0	Admits	165
201810	40,569	Inpatient Hospital	\$2,522,903	\$2,399,381	\$2,399,343	\$0	Admits	163
201811	40,509	Inpatient Hospital	\$3,441,919	\$3,322,532	\$3,322,389	\$0	Admits	178
201812	41,435	Inpatient Hospital	\$2,898,908	\$2,800,753	\$2,800,640	\$0	Admits	160
201901	42,431	Inpatient Hospital	\$2,627,128	\$2,483,417	\$2,483,317	\$0	Admits	169
201902	42,697	Inpatient Hospital	\$2,596,778	\$2,455,369	\$2,455,264	\$0	Admits	168
201903	42,785	Inpatient Hospital	\$2,899,298	\$2,806,348	\$2,806,226	\$0	Admits	169
201904	43,042	Inpatient Hospital	\$3,070,981	\$2,976,677	\$2,976,353	\$0	Admits	168
201905	43,059	Inpatient Hospital	\$3,503,047	\$3,351,243	\$3,350,387	\$0	Admits	176
201906	43,048	Inpatient Hospital	\$2,671,575	\$2,555,166	\$2,554,128	\$0	Admits	173
201907	43,084	Inpatient Hospital	\$3,158,110	\$3,006,092	\$3,004,854	\$0	Admits	177
201908	43,062	Inpatient Hospital	\$4,444,003	\$4,325,717	\$4,323,833	\$0	Admits	200
201909	43,164	Inpatient Hospital	\$4,042,772	\$3,940,202	\$3,937,804	\$0	Admits	171
201910	43,245	Inpatient Hospital	\$4,881,895	\$4,754,712	\$4,751,481	\$0	Admits	202
201911	43,257	Inpatient Hospital	\$2,669,906	\$2,557,005	\$2,554,790	\$0	Admits	188
201912	43,625	Inpatient Hospital	\$2,970,435	\$2,845,054	\$2,842,134	\$0	Admits	184
202001	44,512	Inpatient Hospital	\$3,048,112	\$2,884,441	\$2,880,597	\$0	Admits	190
202002	44,747	Inpatient Hospital	\$2,537,164	\$2,449,342	\$2,446,006	\$0	Admits	161
202003	45,242	Inpatient Hospital	\$2,645,833	\$2,536,771	\$2,531,592	\$0	Admits	157
202004	45,528	Inpatient Hospital	\$2,215,192	\$2,149,862	\$2,143,767	\$0	Admits	163
202005	45,537	Inpatient Hospital	\$3,271,801	\$3,194,967	\$3,183,590	\$0	Admits	213
202006	45,654	Inpatient Hospital	\$2,649,257	\$2,574,550	\$2,558,771	\$0	Admits	164
202007	45,693	Inpatient Hospital	\$5,746,731	\$5,663,988	\$5,616,610	\$0	Admits	149
202008	45,568	Inpatient Hospital	\$3,214,567	\$3,120,798	\$3,079,661	\$0	Admits	169
202009	45,879	Inpatient Hospital	\$3,410,917	\$3,300,371	\$3,236,553	\$0	Admits	167
202010	45,963	Inpatient Hospital	\$3,625,237	\$3,525,243	\$3,422,079	\$0	Admits	183
202011	46,151	Inpatient Hospital	\$3,074,782	\$2,938,726	\$2,792,896	\$0	Admits	182
202012	46,669	Inpatient Hospital	\$2,699,586	\$2,584,425	\$2,355,482	\$0	Admits	169
202101	46,744	Inpatient Hospital	\$2,251,702	\$2,112,252	\$1,762,217	\$0	Admits	143
202102	47,000	Inpatient Hospital	\$1,058,969	\$971,138	\$321,027	\$0	Admits	70

**Appendix - Experience by Service Category**

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Outpatient Hospital	\$2,818,341	\$2,279,508	\$2,279,508	\$0	Visits	2,631
201802	39,872	Outpatient Hospital	\$2,549,909	\$2,070,378	\$2,070,378	\$0	Visits	2,342
201803	39,866	Outpatient Hospital	\$2,900,619	\$2,496,251	\$2,496,251	\$0	Visits	2,468
201804	39,781	Outpatient Hospital	\$2,834,556	\$2,361,046	\$2,361,046	\$0	Visits	2,470
201805	39,765	Outpatient Hospital	\$2,653,557	\$2,204,203	\$2,204,203	\$0	Visits	2,522
201806	40,182	Outpatient Hospital	\$2,825,172	\$2,402,845	\$2,402,845	\$0	Visits	2,518
201807	40,386	Outpatient Hospital	\$2,685,135	\$2,286,583	\$2,286,556	\$0	Visits	2,443
201808	40,701	Outpatient Hospital	\$2,765,591	\$2,361,236	\$2,361,209	\$0	Visits	2,414
201809	40,326	Outpatient Hospital	\$2,418,449	\$2,044,141	\$2,044,118	\$0	Visits	2,305
201810	40,569	Outpatient Hospital	\$3,440,272	\$2,998,307	\$2,998,259	\$0	Visits	2,708
201811	40,509	Outpatient Hospital	\$2,923,766	\$2,477,612	\$2,477,513	\$0	Visits	2,494
201812	41,435	Outpatient Hospital	\$3,215,797	\$2,737,227	\$2,737,115	\$0	Visits	2,577
201901	42,431	Outpatient Hospital	\$3,445,541	\$2,891,575	\$2,891,452	\$0	Visits	2,764
201902	42,697	Outpatient Hospital	\$3,005,614	\$2,530,573	\$2,530,469	\$0	Visits	2,414
201903	42,785	Outpatient Hospital	\$3,019,306	\$2,488,942	\$2,488,839	\$0	Visits	2,787
201904	43,042	Outpatient Hospital	\$3,644,128	\$3,125,620	\$3,125,281	\$0	Visits	2,954
201905	43,059	Outpatient Hospital	\$3,202,393	\$2,674,199	\$2,673,526	\$0	Visits	2,848
201906	43,048	Outpatient Hospital	\$2,808,219	\$2,351,167	\$2,350,213	\$0	Visits	2,579
201907	43,084	Outpatient Hospital	\$3,054,933	\$2,591,743	\$2,590,667	\$0	Visits	2,613
201908	43,062	Outpatient Hospital	\$3,161,829	\$2,671,175	\$2,670,015	\$0	Visits	2,642
201909	43,164	Outpatient Hospital	\$3,012,668	\$2,560,964	\$2,559,420	\$0	Visits	2,493
201910	43,245	Outpatient Hospital	\$3,535,486	\$3,029,116	\$3,027,076	\$0	Visits	2,842
201911	43,257	Outpatient Hospital	\$3,278,645	\$2,798,212	\$2,795,812	\$0	Visits	2,310
201912	43,625	Outpatient Hospital	\$3,804,497	\$3,245,003	\$3,241,673	\$0	Visits	2,282
202001	44,512	Outpatient Hospital	\$3,462,323	\$2,857,417	\$2,853,672	\$0	Visits	2,186
202002	44,747	Outpatient Hospital	\$3,224,818	\$2,685,698	\$2,681,954	\$0	Visits	2,127
202003	45,242	Outpatient Hospital	\$2,803,743	\$2,394,724	\$2,389,746	\$0	Visits	1,911
202004	45,528	Outpatient Hospital	\$1,788,755	\$1,606,842	\$1,602,296	\$0	Visits	1,115
202005	45,537	Outpatient Hospital	\$2,426,082	\$2,165,160	\$2,157,329	\$0	Visits	1,460
202006	45,654	Outpatient Hospital	\$3,726,821	\$3,350,951	\$3,330,435	\$0	Visits	1,991
202007	45,693	Outpatient Hospital	\$3,512,259	\$3,062,712	\$3,037,027	\$0	Visits	2,194
202008	45,568	Outpatient Hospital	\$3,532,338	\$3,109,232	\$3,067,856	\$0	Visits	2,276
202009	45,879	Outpatient Hospital	\$4,141,397	\$3,673,389	\$3,602,431	\$0	Visits	2,499
202010	45,963	Outpatient Hospital	\$3,852,042	\$3,406,630	\$3,306,327	\$0	Visits	2,635
202011	46,151	Outpatient Hospital	\$3,600,300	\$3,176,849	\$3,019,253	\$0	Visits	2,539
202012	46,669	Outpatient Hospital	\$4,244,741	\$3,714,305	\$3,382,229	\$0	Visits	2,827
202101	46,744	Outpatient Hospital	\$3,621,762	\$3,046,971	\$2,545,611	\$0	Visits	2,624
202102	47,000	Outpatient Hospital	\$4,393,201	\$3,731,945	\$1,233,029	\$0	Visits	2,838

**Appendix - Experience by Service Category**

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Professional	\$5,733,558	\$4,276,304	\$4,276,304	\$0	Visits	37,680
201802	39,872	Professional	\$4,967,675	\$3,774,412	\$3,774,412	\$0	Visits	32,972
201803	39,866	Professional	\$5,315,562	\$4,093,272	\$4,093,272	\$0	Visits	34,630
201804	39,781	Professional	\$5,138,318	\$3,973,263	\$3,973,263	\$0	Visits	34,217
201805	39,765	Professional	\$5,383,091	\$4,206,747	\$4,206,747	\$0	Visits	35,395
201806	40,182	Professional	\$5,478,434	\$4,343,971	\$4,343,971	\$0	Visits	34,059
201807	40,386	Professional	\$5,187,514	\$4,112,987	\$4,112,951	\$0	Visits	33,601
201808	40,701	Professional	\$5,619,069	\$4,436,647	\$4,436,608	\$0	Visits	36,436
201809	40,326	Professional	\$4,932,477	\$3,868,122	\$3,868,090	\$0	Visits	33,488
201810	40,569	Professional	\$6,089,720	\$4,831,800	\$4,831,732	\$0	Visits	41,929
201811	40,509	Professional	\$5,520,805	\$4,384,951	\$4,384,773	\$0	Visits	36,621
201812	41,435	Professional	\$5,270,344	\$4,058,775	\$4,058,611	\$0	Visits	33,202
201901	42,431	Professional	\$6,524,772	\$4,901,066	\$4,900,862	\$0	Visits	42,032
201902	42,697	Professional	\$5,552,570	\$4,240,781	\$4,240,607	\$0	Visits	36,068
201903	42,785	Professional	\$6,037,385	\$4,613,722	\$4,613,530	\$0	Visits	40,331
201904	43,042	Professional	\$6,127,339	\$4,752,108	\$4,751,593	\$0	Visits	40,101
201905	43,059	Professional	\$6,086,735	\$4,755,465	\$4,754,261	\$0	Visits	40,985
201906	43,048	Professional	\$5,739,638	\$4,463,267	\$4,461,456	\$0	Visits	37,236
201907	43,084	Professional	\$6,109,408	\$4,769,069	\$4,767,089	\$0	Visits	39,545
201908	43,062	Professional	\$6,229,941	\$4,953,055	\$4,950,905	\$0	Visits	40,417
201909	43,164	Professional	\$6,035,839	\$4,797,402	\$4,794,506	\$0	Visits	39,892
201910	43,245	Professional	\$7,122,927	\$5,736,365	\$5,732,474	\$0	Visits	47,059
201911	43,257	Professional	\$6,112,660	\$4,860,708	\$4,856,535	\$0	Visits	40,500
201912	43,625	Professional	\$6,135,809	\$4,745,630	\$4,740,807	\$0	Visits	38,579
202001	44,512	Professional	\$6,988,216	\$5,230,091	\$5,223,269	\$0	Visits	46,733
202002	44,747	Professional	\$6,368,130	\$4,863,567	\$4,856,928	\$0	Visits	41,321
202003	45,242	Professional	\$5,429,581	\$4,258,214	\$4,249,436	\$0	Visits	35,416
202004	45,528	Professional	\$3,498,161	\$2,970,398	\$2,961,962	\$0	Visits	25,086
202005	45,537	Professional	\$4,483,214	\$3,772,854	\$3,759,220	\$0	Visits	29,953
202006	45,654	Professional	\$5,991,081	\$5,005,435	\$4,974,612	\$0	Visits	39,924
202007	45,693	Professional	\$6,606,445	\$5,475,875	\$5,430,120	\$0	Visits	43,606
202008	45,568	Professional	\$6,659,123	\$5,373,099	\$5,301,252	\$0	Visits	43,833
202009	45,879	Professional	\$7,301,571	\$5,921,721	\$5,807,377	\$0	Visits	50,688
202010	45,963	Professional	\$8,053,144	\$6,625,024	\$6,430,033	\$0	Visits	56,330
202011	46,151	Professional	\$7,523,899	\$6,176,876	\$5,870,065	\$0	Visits	51,258
202012	46,669	Professional	\$7,824,908	\$6,290,919	\$5,731,297	\$0	Visits	53,074
202101	46,744	Professional	\$7,337,472	\$5,798,019	\$4,838,034	\$0	Visits	50,228
202102	47,000	Professional	\$8,838,527	\$6,863,651	\$2,258,706	\$0	Visits	63,763

### Appendix - Experience by Service Category

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Other Medical	\$914,987	\$805,624	\$805,624	\$0	Services	4,005
201802	39,872	Other Medical	\$811,577	\$714,543	\$714,543	\$0	Services	3,823
201803	39,866	Other Medical	\$969,357	\$876,443	\$876,443	\$0	Services	4,298
201804	39,781	Other Medical	\$880,796	\$795,045	\$795,045	\$0	Services	4,307
201805	39,765	Other Medical	\$929,974	\$849,983	\$849,983	\$0	Services	4,089
201806	40,182	Other Medical	\$1,010,873	\$915,249	\$915,249	\$0	Services	4,415
201807	40,386	Other Medical	\$978,850	\$891,423	\$891,413	\$0	Services	4,229
201808	40,701	Other Medical	\$1,088,508	\$994,126	\$994,116	\$0	Services	4,813
201809	40,326	Other Medical	\$1,089,362	\$1,005,099	\$1,005,088	\$0	Services	4,008
201810	40,569	Other Medical	\$1,120,483	\$1,029,626	\$1,029,610	\$0	Services	4,789
201811	40,509	Other Medical	\$1,121,835	\$1,022,317	\$1,022,275	\$0	Services	4,481
201812	41,435	Other Medical	\$915,529	\$795,699	\$795,667	\$0	Services	4,236
201901	42,431	Other Medical	\$1,127,562	\$989,748	\$989,706	\$0	Services	4,699
201902	42,697	Other Medical	\$1,065,434	\$942,210	\$942,170	\$0	Services	3,986
201903	42,785	Other Medical	\$1,240,925	\$1,144,432	\$1,144,384	\$0	Services	4,459
201904	43,042	Other Medical	\$1,204,428	\$1,103,698	\$1,103,578	\$0	Services	5,085
201905	43,059	Other Medical	\$1,243,713	\$1,133,557	\$1,133,269	\$0	Services	4,865
201906	43,048	Other Medical	\$1,012,866	\$908,050	\$907,681	\$0	Services	4,587
201907	43,084	Other Medical	\$1,081,159	\$962,512	\$962,116	\$0	Services	4,691
201908	43,062	Other Medical	\$1,193,620	\$1,087,089	\$1,086,619	\$0	Services	5,140
201909	43,164	Other Medical	\$1,011,124	\$920,638	\$920,092	\$0	Services	3,984
201910	43,245	Other Medical	\$1,200,352	\$1,109,228	\$1,108,486	\$0	Services	4,300
201911	43,257	Other Medical	\$1,072,370	\$999,594	\$998,745	\$0	Services	2,964
201912	43,625	Other Medical	\$1,030,759	\$902,955	\$902,038	\$0	Services	3,448
202001	44,512	Other Medical	\$1,165,999	\$1,029,772	\$1,028,425	\$0	Services	4,714
202002	44,747	Other Medical	\$961,681	\$841,674	\$840,546	\$0	Services	4,284
202003	45,242	Other Medical	\$1,107,133	\$1,016,134	\$1,014,030	\$0	Services	3,534
202004	45,528	Other Medical	\$955,302	\$879,444	\$876,958	\$0	Services	2,533
202005	45,537	Other Medical	\$1,004,070	\$925,081	\$921,773	\$0	Services	3,069
202006	45,654	Other Medical	\$1,050,533	\$945,587	\$939,776	\$0	Services	4,625
202007	45,693	Other Medical	\$1,294,740	\$1,166,879	\$1,157,098	\$0	Services	4,933
202008	45,568	Other Medical	\$1,036,741	\$954,748	\$941,996	\$0	Services	4,712
202009	45,879	Other Medical	\$1,263,602	\$1,166,574	\$1,144,103	\$0	Services	5,189
202010	45,963	Other Medical	\$1,315,963	\$1,192,273	\$1,157,179	\$0	Services	5,086
202011	46,151	Other Medical	\$1,176,664	\$1,088,913	\$1,034,279	\$0	Services	3,736
202012	46,669	Other Medical	\$1,331,407	\$1,176,775	\$1,071,996	\$0	Services	4,470
202101	46,744	Other Medical	\$1,241,809	\$1,105,136	\$922,295	\$0	Services	4,050
202102	47,000	Other Medical	\$1,482,503	\$1,336,643	\$439,338	\$0	Services	5,655

**Appendix - Experience by Service Category**

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Prescription Drug	\$4,585,740	\$4,000,316	\$4,000,316	\$713,774	Scripts	27,343
201802	39,872	Prescription Drug	\$4,282,079	\$3,796,547	\$3,796,547	\$686,225	Scripts	24,444
201803	39,866	Prescription Drug	\$4,634,452	\$4,171,486	\$4,171,486	\$752,289	Scripts	26,304
201804	39,781	Prescription Drug	\$4,375,156	\$3,957,156	\$3,957,156	\$706,440	Scripts	25,576
201805	39,765	Prescription Drug	\$4,893,244	\$4,461,787	\$4,461,787	\$753,405	Scripts	26,537
201806	40,182	Prescription Drug	\$4,804,034	\$4,391,795	\$4,391,795	\$727,311	Scripts	25,881
201807	40,386	Prescription Drug	\$4,647,033	\$4,237,274	\$4,237,274	\$708,354	Scripts	25,658
201808	40,701	Prescription Drug	\$4,888,518	\$4,469,762	\$4,469,762	\$726,093	Scripts	26,612
201809	40,326	Prescription Drug	\$4,139,279	\$3,751,689	\$3,751,689	\$649,018	Scripts	24,101
201810	40,569	Prescription Drug	\$4,779,452	\$4,341,165	\$4,341,165	\$671,982	Scripts	27,459
201811	40,509	Prescription Drug	\$4,606,021	\$4,184,278	\$4,184,278	\$637,965	Scripts	26,118
201812	41,435	Prescription Drug	\$4,480,008	\$3,955,716	\$3,955,716	\$579,030	Scripts	26,539
201901	42,431	Prescription Drug	\$4,843,513	\$4,196,786	\$4,196,786	\$783,444	Scripts	28,072
201902	42,697	Prescription Drug	\$4,309,952	\$3,836,753	\$3,836,753	\$738,206	Scripts	25,341
201903	42,785	Prescription Drug	\$4,768,969	\$4,285,847	\$4,285,847	\$842,356	Scripts	27,892
201904	43,042	Prescription Drug	\$4,983,142	\$4,541,359	\$4,541,359	\$871,470	Scripts	27,946
201905	43,059	Prescription Drug	\$5,020,993	\$4,618,248	\$4,618,248	\$868,821	Scripts	28,470
201906	43,048	Prescription Drug	\$4,583,985	\$4,231,671	\$4,231,671	\$831,678	Scripts	26,248
201907	43,084	Prescription Drug	\$5,189,692	\$4,778,613	\$4,778,613	\$934,636	Scripts	27,677
201908	43,062	Prescription Drug	\$4,929,733	\$4,527,908	\$4,527,908	\$917,150	Scripts	27,330
201909	43,164	Prescription Drug	\$4,872,429	\$4,483,208	\$4,483,208	\$886,715	Scripts	26,000
201910	43,245	Prescription Drug	\$5,174,818	\$4,762,945	\$4,762,945	\$942,440	Scripts	28,120
201911	43,257	Prescription Drug	\$4,606,746	\$4,239,940	\$4,239,940	\$877,167	Scripts	26,575
201912	43,625	Prescription Drug	\$5,359,664	\$4,791,154	\$4,791,154	\$934,566	Scripts	28,750
202001	44,512	Prescription Drug	\$4,843,211	\$4,114,927	\$4,114,927	\$835,162	Scripts	29,813
202002	44,747	Prescription Drug	\$4,872,992	\$4,330,754	\$4,330,754	\$896,455	Scripts	28,114
202003	45,242	Prescription Drug	\$5,822,306	\$5,232,424	\$5,232,424	\$1,124,078	Scripts	31,820
202004	45,528	Prescription Drug	\$5,257,521	\$4,816,572	\$4,816,572	\$1,073,416	Scripts	24,443
202005	45,537	Prescription Drug	\$5,141,291	\$4,725,425	\$4,725,425	\$1,019,474	Scripts	24,651
202006	45,654	Prescription Drug	\$5,359,915	\$4,925,191	\$4,925,191	\$1,099,101	Scripts	26,054
202007	45,693	Prescription Drug	\$5,517,610	\$5,053,715	\$5,053,715	\$1,061,385	Scripts	26,503
202008	45,568	Prescription Drug	\$5,244,165	\$4,835,680	\$4,835,680	\$1,030,045	Scripts	25,956
202009	45,879	Prescription Drug	\$5,206,401	\$4,779,009	\$4,779,009	\$1,033,328	Scripts	26,416
202010	45,963	Prescription Drug	\$5,859,961	\$5,395,314	\$5,395,314	\$1,108,966	Scripts	27,001
202011	46,151	Prescription Drug	\$5,136,781	\$4,715,255	\$4,715,255	\$1,066,811	Scripts	25,413
202012	46,669	Prescription Drug	\$5,491,159	\$4,912,834	\$4,912,834	\$1,075,101	Scripts	27,747
202101	46,744	Prescription Drug	\$5,297,047	\$4,627,989	\$4,627,989	\$1,142,132	Scripts	27,082
202102	47,000	Prescription Drug	\$5,259,627	\$4,702,961	\$4,702,961	\$1,167,154	Scripts	27,305

**Appendix - Experience by Service Category**

Month	Members	Service Category	Ultimate Allowed	Ultimate Incurred	Incurred	Drug Rebates	Utilization Unit	Utilization
201801	39,818	Capitations	\$32,394	\$32,394	\$32,394	\$0	Benefit Period	39,818
201802	39,872	Capitations	\$32,237	\$32,237	\$32,237	\$0	Benefit Period	39,872
201803	39,866	Capitations	\$32,196	\$32,196	\$32,196	\$0	Benefit Period	39,866
201804	39,781	Capitations	\$31,906	\$31,906	\$31,906	\$0	Benefit Period	39,781
201805	39,765	Capitations	\$31,534	\$31,534	\$31,534	\$0	Benefit Period	39,765
201806	40,182	Capitations	\$31,640	\$31,640	\$31,640	\$0	Benefit Period	40,182
201807	40,386	Capitations	\$31,641	\$31,641	\$31,641	\$0	Benefit Period	40,386
201808	40,701	Capitations	\$31,708	\$31,708	\$31,708	\$0	Benefit Period	40,701
201809	40,326	Capitations	\$31,177	\$31,177	\$31,177	\$0	Benefit Period	40,326
201810	40,569	Capitations	\$31,079	\$31,079	\$31,079	\$0	Benefit Period	40,569
201811	40,509	Capitations	\$30,721	\$30,721	\$30,721	\$0	Benefit Period	40,509
201812	41,435	Capitations	\$31,011	\$31,011	\$31,011	\$0	Benefit Period	41,435
201901	42,431	Capitations	\$42,766	\$42,766	\$42,766	\$0	Benefit Period	42,431
201902	42,697	Capitations	\$42,879	\$42,879	\$42,879	\$0	Benefit Period	42,697
201903	42,785	Capitations	\$43,039	\$43,039	\$43,039	\$0	Benefit Period	42,785
201904	43,042	Capitations	\$43,218	\$43,218	\$43,218	\$0	Benefit Period	43,042
201905	43,059	Capitations	\$42,971	\$42,971	\$42,971	\$0	Benefit Period	43,059
201906	43,048	Capitations	\$42,785	\$42,785	\$42,785	\$0	Benefit Period	43,048
201907	43,084	Capitations	\$42,697	\$42,697	\$42,697	\$0	Benefit Period	43,084
201908	43,062	Capitations	\$42,638	\$42,638	\$42,638	\$0	Benefit Period	43,062
201909	43,164	Capitations	\$42,684	\$42,684	\$42,684	\$0	Benefit Period	43,164
201910	43,245	Capitations	\$42,588	\$42,588	\$42,588	\$0	Benefit Period	43,245
201911	43,257	Capitations	\$42,386	\$42,386	\$42,386	\$0	Benefit Period	43,257
201912	43,625	Capitations	\$42,492	\$42,492	\$42,492	\$0	Benefit Period	43,625
202001	44,512	Capitations	\$45,810	\$45,810	\$45,810	\$0	Benefit Period	44,512
202002	44,747	Capitations	\$45,974	\$45,974	\$45,974	\$0	Benefit Period	44,747
202003	45,242	Capitations	\$48,135	\$48,135	\$48,135	\$0	Benefit Period	45,242
202004	45,528	Capitations	\$47,914	\$47,914	\$47,914	\$0	Benefit Period	45,528
202005	45,537	Capitations	\$47,214	\$47,214	\$47,214	\$0	Benefit Period	45,537
202006	45,654	Capitations	\$46,614	\$46,614	\$46,614	\$0	Benefit Period	45,654
202007	45,693	Capitations	\$47,435	\$47,435	\$47,435	\$0	Benefit Period	45,693
202008	45,568	Capitations	\$46,582	\$46,582	\$46,582	\$0	Benefit Period	45,568
202009	45,879	Capitations	\$46,853	\$46,853	\$46,853	\$0	Benefit Period	45,879
202010	45,963	Capitations	\$46,867	\$46,867	\$46,867	\$0	Benefit Period	45,963
202011	46,151	Capitations	\$46,919	\$46,919	\$46,919	\$0	Benefit Period	46,151
202012	46,669	Capitations	\$47,263	\$47,263	\$47,263	\$0	Benefit Period	46,669
202101	46,744	Capitations	\$47,598	\$47,598	\$47,598	\$0	Benefit Period	46,744
202102	47,000	Capitations	\$47,848	\$47,848	\$47,848	\$0	Benefit Period	47,000

### Appendix - Total Experience

Month	Members	Contracts	Ultimate Allowed	Drug Rebates	Post-Rx Rebate Ultimate Allowed	Post-Rx Rebate Ultimate Incurred	Premium	Loss Ratio
201801	39,818	25,624	\$16,835,039	\$713,774	\$16,121,266	\$13,215,238	\$16,839,307	78.5%
201802	39,872	25,653	\$14,982,183	\$686,225	\$14,295,957	\$11,907,849	\$17,129,525	69.5%
201803	39,866	25,659	\$16,311,280	\$752,289	\$15,558,991	\$13,225,498	\$17,123,092	77.2%
201804	39,781	25,616	\$15,654,443	\$706,440	\$14,948,003	\$12,672,128	\$17,153,206	73.9%
201805	39,765	25,544	\$16,429,977	\$753,405	\$15,676,572	\$13,409,875	\$17,178,140	78.1%
201806	40,182	25,708	\$16,089,750	\$727,311	\$15,362,439	\$13,171,514	\$17,489,965	75.3%
201807	40,386	25,747	\$16,983,318	\$708,354	\$16,274,963	\$14,145,749	\$17,616,363	80.3%
201808	40,701	25,903	\$16,730,110	\$726,093	\$16,004,017	\$13,777,747	\$17,729,251	77.7%
201809	40,326	25,672	\$15,003,141	\$649,018	\$14,354,123	\$12,298,663	\$17,640,328	69.7%
201810	40,569	25,807	\$17,983,908	\$671,982	\$17,311,926	\$14,959,376	\$17,768,763	84.2%
201811	40,509	25,772	\$17,645,067	\$637,965	\$17,007,101	\$14,784,446	\$17,899,480	82.6%
201812	41,435	26,200	\$16,811,598	\$579,030	\$16,232,567	\$13,800,151	\$18,368,693	75.1%
201901	42,431	27,057	\$18,611,280	\$783,444	\$17,827,836	\$14,721,912	\$19,086,966	77.1%
201902	42,697	27,248	\$16,573,225	\$738,206	\$15,835,019	\$13,310,359	\$19,190,936	69.4%
201903	42,785	27,336	\$18,008,923	\$842,356	\$17,166,567	\$14,539,974	\$19,239,216	75.6%
201904	43,042	27,499	\$19,073,236	\$871,470	\$18,201,766	\$15,671,209	\$19,417,302	80.7%
201905	43,059	27,487	\$19,099,852	\$868,821	\$18,231,031	\$15,706,863	\$19,393,108	81.0%
201906	43,048	27,412	\$16,859,068	\$831,678	\$16,027,390	\$13,720,429	\$19,533,286	70.2%
201907	43,084	27,405	\$18,635,997	\$934,636	\$17,701,362	\$15,216,090	\$19,530,102	77.9%
201908	43,062	27,415	\$20,001,764	\$917,150	\$19,084,614	\$16,690,431	\$19,613,456	85.1%
201909	43,164	27,441	\$19,017,517	\$886,715	\$18,130,802	\$15,858,383	\$19,638,603	80.8%
201910	43,245	27,477	\$21,958,066	\$942,440	\$21,015,626	\$18,492,514	\$19,759,878	93.6%
201911	43,257	27,468	\$17,782,713	\$877,167	\$16,905,546	\$14,620,678	\$19,877,588	73.6%
201912	43,625	27,621	\$19,343,655	\$934,566	\$18,409,089	\$15,637,721	\$20,361,375	76.8%
202001	44,512	28,404	\$19,553,672	\$835,162	\$18,718,510	\$15,327,295	\$21,135,459	72.5%
202002	44,747	28,555	\$18,010,759	\$896,455	\$17,114,304	\$14,320,554	\$21,363,741	67.0%
202003	45,242	28,881	\$17,856,731	\$1,124,078	\$16,732,653	\$14,362,324	\$21,599,062	66.5%
202004	45,528	29,103	\$13,762,845	\$1,073,416	\$12,689,428	\$11,397,616	\$21,728,967	52.5%
202005	45,537	29,061	\$16,373,671	\$1,019,474	\$15,354,197	\$13,811,225	\$21,744,850	63.5%
202006	45,654	29,117	\$18,824,219	\$1,099,101	\$17,725,118	\$15,749,227	\$22,121,934	71.2%
202007	45,693	29,120	\$22,725,220	\$1,061,385	\$21,663,835	\$19,409,218	\$22,237,369	87.3%
202008	45,568	29,052	\$19,733,516	\$1,030,045	\$18,703,471	\$16,410,094	\$22,239,333	73.8%
202009	45,879	29,177	\$21,370,741	\$1,033,328	\$20,337,412	\$17,854,588	\$19,609,783	91.0%
202010	45,963	29,204	\$22,753,213	\$1,108,966	\$21,644,248	\$19,082,386	\$22,577,359	84.5%
202011	46,151	29,257	\$20,559,344	\$1,066,811	\$19,492,533	\$17,076,727	\$22,552,221	75.7%
202012	46,669	29,491	\$21,639,064	\$1,075,101	\$20,563,963	\$17,651,420	\$23,435,206	75.3%
202101	46,744	29,682	\$19,797,390	\$1,142,132	\$18,655,258	\$15,595,834	\$23,505,909	66.3%
202102	47,000	29,871	\$21,080,675	\$1,167,154	\$19,913,521	\$16,487,033	\$23,580,062	69.9%

**DC BlueChoice Small Group & Individual Combined (Individual)**  
**Exhibit 1 - Market Adjusted Index Rate Summary**

		<b>2022</b>	<b>2021</b>	<b>% Change</b>
(1)	Base Period Total Allowed	\$403.44	\$409.76	-1.5%
(2)	Base Period Non-EHB PMPM	\$0.31	\$0.29	5.2%
(3)	Experience Period Index Rate	\$403.13	\$409.47	-1.5%
(4)	Change in Morbidity	0.9820	0.9927	-1.1%
(5)	Additional Population Adjustment	1.0000	1.0000	0.0%
(6)	Induced Demand	1.0055	0.9988	0.7%
(7)	Projection Period Utilization and Network Adjustment	1.0000	1.0000	0.0%
(8)	Demographic Adjustment	1.0133	1.0096	0.4%
(9)	Area Adjustment	1.0000	1.0000	0.0%
(10)	Additional "Other" Adjustments	1.0029	1.0007	0.2%
(11)	Annualized Trend	9.1%	6.0%	
(12)	Months of Trend	24	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.1909	1.1237	6.0%
(14)	Projection Period Index Rate	\$481.77	\$460.93	4.5%
(15)	Risk Adjustment Program	1.5136	1.4568	3.9%
(16)	Federal Exchange User Fee	1.0000	1.0000	0.0%
(17)	Market Adjusted Index Rate	\$729.21	\$671.50	8.6%
	Without Risk Adjustment	\$481.77	\$460.93	4.5%
	Base Rate Change	11.3%	0.1%	

2022 DC Individual BlueChoice  
Plan Adjusted Index Rate Changes

Index							Market Adjusted Index Rate							Benefits			Network			Induced Utilization			HSA Factor			Non-EHB			Catastrophic Adjustment			Admin			Age Calibration			Total Change		
							2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change	
Index	HIOS Plan ID	Plan Name	Type	Metallic Tier	On/Off	Projected Members - 12/2021	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change	2022	2021	Change							
1	86052DC0400001	BlueChoice HMO Standard Silver \$4,000	HMO	SILVER	On	1,287	\$729.21	\$671.50	8.59%	0.687	0.663	3.67%	0.948	0.953	-0.52%	0.963	0.959	0.42%	1.000	1.000	0.00%	1.005	1.006	-0.05%	1.000	1.000	0.00%	1.105	1.103	0.17%	0.940	0.943	-0.29%	\$478.01	\$425.82	12.26%				
2	86052DC0400002	BlueChoice HMO Standard Gold \$500	HMO	GOLD	On	348	\$729.21	\$671.50	8.59%	0.850	0.842	0.87%	0.948	0.953	-0.52%	1.003	1.000	0.30%	1.000	1.000	0.00%	1.005	1.005	-0.03%	1.000	1.000	0.00%	1.105	1.103	0.16%	0.940	0.943	-0.29%	\$615.07	\$563.67	9.12%				
3	86052DC0400004	BlueChoice HMO Young Adult \$8,700	HMO	CATASTROPHIC	On	689	\$729.21	\$671.50	8.59%	0.557	0.544	2.40%	0.948	0.953	-0.52%	0.928	0.926	0.22%	1.000	1.000	0.00%	1.011	1.010	0.10%	0.476	0.537	-11.25%	1.105	1.067	3.61%	0.940	0.943	-0.29%	\$178.97	\$175.91	1.74%				
4	86052DC0400007	BlueChoice HMO Standard Bronze \$7,500	HMO	BRONZE	On	899	\$729.21	\$671.50	8.59%	0.596	0.567	5.18%	0.948	0.953	-0.52%	0.928	0.926	0.22%	1.000	1.000	0.00%	1.006	1.007	-0.06%	1.000	1.000	0.00%	1.105	1.103	0.17%	0.940	0.943	-0.29%	\$399.74	\$351.70	13.66%				
5	86052DC0400008	BlueChoice HMO Standard Platinum \$0	HMO	PLATINUM	On	196	\$729.21	\$671.50	8.59%	0.934	0.927	0.75%	0.948	0.953	-0.52%	1.068	1.065	0.28%	1.000	1.000	0.00%	1.004	1.005	-0.03%	1.000	1.000	0.00%	1.105	1.103	0.17%	0.940	0.943	-0.29%	\$719.83	\$660.50	8.98%				
6	86052DC0400010	BlueChoice HMO HSA Standard Bronze \$6,350	HMO	BRONZE	On	1,597	\$729.21	\$671.50	8.59%	0.580	0.557	4.06%	0.948	0.953	-0.52%	0.928	0.926	0.22%	1.000	1.000	0.00%	1.006	1.007	-0.06%	1.000	1.000	0.00%	1.105	1.103	0.17%	0.940	0.943	-0.29%	\$388.69	\$345.67	12.45%				
7	86052DC0400011	BlueChoice HMO HSA Gold \$1,500	HMO	GOLD	On	159	\$729.21	\$671.50	8.59%	0.766	0.753	1.81%	0.948	0.953	-0.52%	1.003	1.000	0.30%	1.000	1.000	0.00%	1.005	1.005	-0.04%	1.000	1.000	0.00%	1.105	1.103	0.17%	0.940	0.943	-0.29%	\$554.72	\$503.68	10.13%				
							5,175	\$729.21	\$671.50	8.59%	0.644	0.623	3.53%	0.948	0.953	-0.52%	0.949	0.947	0.28%	1.00	1.00	0.00%	1.006	1.007	-0.03%	0.930	0.938	-1.50%	1.105	1.098	0.63%	0.940	0.943	-0.29%	\$417.77	\$375.49	11.3%			

Key Drivers:

- 1.) Decrease in the base period experience of the combined pool
- 2.) Trend
- 3.) Higher projected risk adjustment factor

May 17, 2021

Mr. Efren Tanhehco  
Supervisory Health Actuary  
Department of Insurance, Securities and Banking



Re: CareFirst BlueChoice, Inc. Individual, Non-Medigap Rate Filing Cover Letter

Mr. Tanhehco,

In accordance with DISB requirements this letter has been submitted as cover for our 2022 ACA plan rate filing submitted 5/17/2021. Please note the required information below:

- a. **Company Name:** CareFirst BlueChoice, Inc. (CFBC)
- b. **NAIC Company Code:** 96202
- c. **Unique Company Filing Number:** 2567
- d. **Date Submitted:** 5/17/2021
- e. **Proposed Effective Date:** 1/1/2022
- f. **Type of Product:** HMO – On Exchange
- g. **Individual or Group:** Individual, Non-Medigap
- h. **Scope and Purpose of Filing:** This filing has been submitted to propose the rate actions listed below in section k for all non-grandfathered ACA compliant plans offered by CFBC.
- i. **Indication Whether Initial Filing or Change:** This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-132315932).
- j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of CFBC ACA plans will be impacted.
- k. **Overall Premium Impact of Filing on DC Policyholders:** Proposed average rate increase for 2022 is 11.3%.
- l. **Contact Information:**
  - a. Name: Cory Bream, ASA, MAAA
  - b. Telephone Number: 410-998-5308
  - c. Email: [cory.bream@Carefirst.com](mailto:cory.bream@Carefirst.com)
  - d. Fax: 410-505-2192

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 5/17/2021.

Sincerely,

Cory Bream  
Digitally signed by Cory  
Bream  
Date: 2021.05.17 08:34:42  
+04'00'

Cory Bream, ASA, MAAA  
Actuarial Associate

Unified Rate Review v5.3

Company Legal Name:

HIOS Issuer ID:

Effective Date of Rate Change(s):

CareFirst BlueChoice, Inc.

86052

1/1/2022

State:

Market:

DC

Individual

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.  
To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.  
To validate, select the Validate button or Ctrl + Shift + I.  
To finalize, select the Finalize button or Ctrl + Shift + F.

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:	1/1/2020	to	12/31/2020
		Total	PMPM
Allowed Claims		\$220,739,671.77	\$3,753.44
Reinsurance		\$0.00	\$0.00
Incurred Claims in Experience Period		\$192,452,673.21	\$3,272.45
Risk Adjustment		-\$14,921,319.41	-\$253.72
Experience Period Premium		\$262,345,283.27	\$4,460.90
Experience Period Member Months		58,810	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$69.71	1.090	1.035	1.090	1.035	\$88.72
Outpatient Hospital	\$73.65	1.080	1.035	1.080	1.035	\$92.02
Professional	\$140.19	1.010	1.084	1.010	1.084	\$168.04
Other Medical	\$24.97	1.030	1.030	1.030	1.030	\$28.10
Capitation	\$0.80	1.000	1.000	1.000	1.000	\$0.80
Prescription Drug	\$93.81	1.010	1.035	1.010	1.035	\$102.51
Total	\$403.13					\$480.20

Morbidity Adjustment	0.982
Demographic Shift	1.013
Plan Design Changes	1.006
Other	1.003
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2022	\$482.00

Manual EHB Allowed Claims PMPM	\$481.77
Applied Credibility %	0.00%

Projected Period Totals		
Projected Index Rate for 1/1/2022	\$481.77	\$30,085,091.19
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	-\$247.45	-\$15,452,510.15
Exchange User Fees	0.00%	\$0.00
Market Adjusted Index Rate	\$729.22	\$45,537,601.34

Projected Member Months	62,447
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Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name: CareFirst BlueChoice, Inc.  
HIOS Issuer ID: 86052  
Effective Date of Rate Change(s): 1/1/2022

State: DC  
Market: Individual

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.  
To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.  
To validate, select the Validate button or Ctrl + Shift + I.  
To finalize, select the Finalize button or Ctrl + Shift + F.  
To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.  
To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Section I: General Product and Plan Information

1.1 Product Name		BlueChoice HMO						
1.2 Product ID		86052DC040						
1.3 Plan Name		Standard Silver	Standard Gold	Young Adult	Standard Bronze	Standard Platinum	HSA Standard	HSA Gold \$1,500
1.4 Plan ID (Standard Component ID)		86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011
1.5 Metal		Silver	Gold	Catastrophic	Bronze	Platinum	Bronze	Gold
1.6 AV Metal Value		0.718	0.820	0.633	0.648	0.890	0.650	0.810
1.7 Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
1.8 Plan Type		HMO	HMO	HMO	HMO	HMO	HMO	HMO
1.9 Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes
1.10 Effective Date of Proposed Rates		1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022
1.11 Cumulative Rate Change % (over 12 mos prior)		12.26%	9.12%	1.74%	13.66%	8.98%	12.45%	10.13%
1.12 Product Rate Increase %		11.28%						
1.13 Submission Level Rate Increase %		11.28%						

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011
2.2 Allowed Claims	\$20,547,018	\$6,424,062	\$3,079,213	\$776,775	\$2,789,903	\$2,704,347	\$3,701,902	\$1,070,815
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$3,905,772	\$1,038,556	\$238,963	\$387,030	\$575,727	\$106,093	\$1,412,981	\$146,423
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$16,641,246	\$5,385,507	\$2,840,250	\$389,745	\$2,214,176	\$2,598,254	\$2,288,922	\$924,392
2.7 Risk Adjustment Transfer Amount	-\$6,702,140	-\$1,912,268	\$394,009	\$14,904	-\$2,137,854	\$717,034	-\$3,941,525	\$163,560
2.8 Premium	\$24,554,198	\$7,406,282	\$2,296,924	\$1,068,144	\$3,930,515	\$1,776,667	\$7,210,057	\$865,609
2.9 Experience Period Member Months	58,810	15,398	3,982	8,671	9,372	2,455	17,279	1,653
2.10 Current Enrollment	5,018	1,268	352	632	866	199	1,551	150
2.11 Current Premium PMPM	\$400.92	\$451.54	\$597.72	\$186.53	\$372.94	\$700.39	\$366.55	\$534.11
2.12 Loss Ratio	93.22%	98.02%	105.55%	35.99%	123.51%	104.19%	70.03%	89.82%
Per Member Per Month								
2.13 Allowed Claims	\$349.38	\$417.20	\$773.28	\$89.58	\$297.68	\$1,101.57	\$214.24	\$647.80
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.15 Member Cost Sharing	\$66.41	\$67.45	\$60.01	\$44.64	\$61.43	\$43.22	\$81.77	\$88.58
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.17 Incurred Claims	\$282.97	\$349.75	\$713.27	\$44.95	\$236.25	\$1,058.35	\$132.47	\$559.22
2.18 Risk Adjustment Transfer Amount	-\$113.96	-\$124.19	\$98.95	\$1.72	-\$228.11	\$292.07	-\$228.11	\$98.95
2.19 Premium	\$417.52	\$480.99	\$576.83	\$123.19	\$419.39	\$723.69	\$417.27	\$523.66

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)		86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011
3.2 Market Adjusted Index Rate		\$729.22						
3.3 AV and Cost Sharing Design of Plan		0.6619	0.8523	0.5173	0.5531	0.9978	0.5378	0.7684
3.4 Provider Network Adjustment		0.9480	0.9480	0.9480	0.9480	0.9480	0.9480	0.9480
3.5 Benefits in Addition to EHB		1.0054	1.0047	1.0109	1.0061	1.0044	1.0062	1.0050
Administrative Costs								
3.6 Administrative Expense		12.90%	12.90%	12.90%	12.90%	12.90%	12.90%	12.90%
3.7 Taxes and Fees		1.71%	1.71%	1.71%	1.71%	1.71%	1.71%	1.71%
3.8 Profit & Risk Load		-5.10%	-5.10%	-5.10%	-5.10%	-5.10%	-5.10%	-5.10%
3.9 Catastrophic Adjustment		1.0000	1.0000	0.4765	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$508.39	\$654.18	\$190.36	\$425.12	\$765.63	\$413.40	\$589.96
3.11 Age Calibration Factor		0.9403	0.9403					
3.12 Geographic Calibration Factor		1.0000	1.0000					
3.13 Tobacco Calibration Factor		1.0000	1.0000					
3.14 Calibrated Plan Adjusted Index Rate		\$478.04	\$615.12	\$179.00	\$399.74	\$719.92	\$388.72	\$554.74

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	86052DC0400001	86052DC0400002	86052DC0400004	86052DC0400007	86052DC0400008	86052DC0400010	86052DC0400011
4.2 Allowed Claims	\$27,235,897	\$6,763,086	\$1,841,535	\$3,774,243	\$4,663,071	\$1,097,387	\$8,185,025	\$911,552
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$10,775,776	\$2,116,846	\$276,783	\$2,771,620	\$1,883,414	\$72,098	\$3,441,803	\$213,212
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$16,460,122	\$4,646,240	\$1,564,752	\$1,002,623	\$2,779,656	\$1,025,289	\$4,743,222	\$698,340
4.7 Risk Adjustment Transfer Amount	-\$8,395,929	-\$2,236,095	\$172,521	\$15,051	-\$2,577,613	\$667,967	-\$4,523,136	\$85,377
4.8 Premium	\$27,532,856	\$7,771,768	\$2,617,362	\$1,677,088	\$4,649,533	\$1,715,002	\$7,933,990	\$1,168,113
4.9 Projected Member Months	62,447	15,287	4,001	8,810	10,937	2,240	19,192	1,980
4.10 Loss Ratio	86.01%	83.93%	56.09%	59.25%	134.16%	43.03%	139.06%	55.71%
Per Member Per Month								
4.11 Allowed Claims	\$436.14	\$442.41	\$460.27	\$428.40	\$426.36	\$489.91	\$426.48	\$460.38
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$172.56	\$138.47	\$69.18	\$314.60	\$172.21	\$32.19	\$179.34	\$107.68
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$263.59	\$303.93	\$391.09	\$113.81	\$254.15	\$457.72	\$247.15	\$352.70
4.16 Risk Adjustment Transfer Amount	-\$134.45	-\$146.27	\$43.12	\$1.71	-\$235.68	\$298.20	-\$235.68	\$43.12
4.17 Premium	\$440.90	\$508.39	\$654.18	\$190.36	\$425.12	\$765.63	\$413.40	\$589.96

## Rating Area Data Collection

*Specify the total number of Rating Areas you are using.  
Select only the Rating Areas you are using.  
To validate, select the Validate button.  
To finalize, select the Finalize button.*

Rating Area	Rating Factor
Rating Area 1	1.0000

# DC BlueChoice

## Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company	BlueChoice Inc.
SERFF tracking number	CFAP-132808793
Submission Date	5/17/2021
Product Name	BlueChoice

Market Type:	<input checked="" type="radio"/> Individual	<input type="radio"/> Small Group
Rate Filing Type:	<input checked="" type="radio"/> Rate Increase	<input type="radio"/> New Filing

### Scope and Range of the Increase:

The  % increase is requested because:

The main drivers of the 2022 rate change are 1) Decrease in the base period experience of the combined pool, 2) Trend, and 3) Higher projected risk adjustment factor.

This filing will impact:

# of policyholder's	<input type="text" value="4,401"/>	# of covered lives	<input type="text" value="5,175"/>
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The average, minimum and maximum rate changes increases are:

Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved	<input type="text" value="11.3"/> %
Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved	<input type="text" value="1.7"/> %
Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved	<input type="text" value="26.3"/> %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Product selection, changes in age factors, and changes in family composition.

### Financial Experience of Product

The overall financial experience of the product includes:

In 2020, a total of \$24.6 million in premium was collected and \$16.6 million in claims were paid out, along with \$6.7 million paid in risk adjustment, for a loss ratio of 95.1%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$262.3 million in premium and paid out \$192.5 million in claims and paid \$14.9 million in risk adjustment for a loss ratio of 79.0%.

The rate increase will affect the projected financial experience of the product by:

The proposed rate increases are aimed to bring the combined loss ratio for Individual/Small Group to a projected 80.8%.

Components of Increase

The request is made up of the following components:

<b>Trend Increases –</b>	9.1	% of the	11.3	% total filed increase
1. Medical Utilization Changes –Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.				
This component is	5.2	% of the	11.3	% total filed increase.
2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.				
This component is	3.8	% of the	11.3	% total filed increase.

<b>Other Increases –</b>	2.0	% of the	11.3	% total filed increase
1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.				
This component is	0.0	% of the	11.3	% total filed increase.
2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.				
This component is	3.5	% of the	11.3	% total filed increase.
3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.				
This component is	-3.3	% of the	11.3	% total filed increase.
4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.				
This component is	4.2	% of the	11.3	% total filed increase.
5. Other – Defined as:				
A decrease in the base experience period data of the combined pool.				
This component is	-2.2	% of the	11.3	% total filed increase.